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ABSTRACT

The manual, part of a series on serving Florida's profoundly mentally handicapped (PMH) students through interagency coordination, presents a set of materials for self paced study. Each of four modules includes a pretest, a self-check exercise, a posttest, and questions that ask participants to apply information presented to their local circumstances. The four modules address the following topics (sample subtopics in parentheses): participants in service planning (roles of the state and local education agencies and the Department of Health and Rehabilitative Services-HRS); statutes, rules, and regulations affecting service planning for PMH students (organizational differences between local school districts and HRS districts, possibilities for agency coordination for service plans and sevice plan reviews); documents used in service planning (components of different service plans, differences in reviews and scheduling of Individual Educational Programs and habilitation plans); and methods for cooperative planning (alternative methods, implementation requirements). (CL)

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A RESOURCE MANUAL FOR THE DEVELOPMENT AND EVALUATION OF SPECIAL PROGRAMS FOR EXCEPTIONAL STUDENTS

VOLUME III-J

Interagency Service Plans For The Profoundly Mentally Handicapped

Part 3: Partners in Planning-A Participant's Manual

State of Florida
Department of Education
Tallahassee, Florida
Ralph D. Turlington, Commissioner
Affirmative action/equal opportunity employer

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JUNE 1983

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DIVISION OF PUBLIC SCHOOLS
BUREAU OF EDUCATION FOR EXCEPTIONAL STUDENTS

Florida Department of Education Publications in Exceptional Student Education

The following is a list of publications developed by the Bureau of Education for Exceptional Students to assist local school systems in the provision of special programs for exceptional students. For additional information, please contact:

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RESOURCE MANUALS

Laws and Rules

___ Volume I-B: Florida Statutes and State Board of Education Rules: Excerpts for Programs for Exceptional Students, 1982.

___ Volume I-C: Federal Laws and Regulations Pertaining to the Education of Exceptional Students - P.L. 94-142, Sec. 504, and P.L. 89-313, 1982.

___ Volume I-E: Florida Statutes and State Board of Education Rules: Florida School for the Deaf and the Blind - Florida Department of Health and Rehabilitative Services, 1980.

Program Manuals

___ Volume II-A: Visually Impaired

___ Volume II-B: Mentally Handicapped, 1982.

___ Volume II-C: Speech and Language Impaired, 1979.

___ Volume II-D: Hearing Impaired: Deaf and Hard of Hearing

___ Volume II-E: Emotionally Handicapped, 1981.

___ Volume II-F: Specific Learning Disabilities, 1980.

___ Volume II-G: Gifted, 1980.

___ Volume II-H: Homebound/Hospitalized, 1980.

___ Volume II-I: Physically Impaired, 1977.

___ Volume II-J: Occupational and Physical Therapy, 1982.

___ Volume II-K: Deaf-Blind, 1982.

(continued on inside back cover)

A RESOURCE MANUAL FOR THE DEVELOPMENT AND EVALUATION OF SPECIAL PROGRAMS FOR EXCEPTIONAL STUDENTS

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This Participant's Manual was developed by Leon County Public Schools through the Special Project, Interagency Development, funded by the State of Florida, Department of Education, Bureau of Education for Exceptional Students, under Federal Assistance for the Education of the Handicapped (P.L. 91-230, EHA Part B, as amended by P.L. 93-380 and P.L. 94-142).

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PARTNERS
IN
PLANNING

PARTICIPANT'S MANUAL

A Training Program About Coordinating Service Pla
for Profoundly Mentally Handicapped Students

ACKNOWLEDGEMENTS

This PARTNERS IN PLANNING participant's manual is one in a series of publications developed to help Florida school districts provide special programs for exceptional students. It was developed by the Interagency Development Project, Leon County Public Schools under the guidance of:

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During the field survey conducted in the first year of the Interagency Development Project, 52 school district and HRS personnel responded to written questionnaires, 23 exceptional student education administrators answered questions through telephone surveys, and 83 individuals were interviewed. A 14-member advisory committee was also established to oversee project activities and materials production. The Interagency Development Project recognizes the contributions of these professionals, without which this participant's manual could not have been developed. Appreciation is expressed to these individuals for their willingness to provide constructive content suggestions for the PARTNERS IN PLANNING training materials and for the companion publication, A Resource Manual for the Development and Evaluation of Special Programs for Exceptional Students, Vol. III-J, Interagency Service Plans for the Profoundly Mentally Handicapped.

CONTENTS

PAGE

ACKNOWLEDGEMENTS . . . . -v-

INTRODUCTION 1

MODULE 1: PARTICIPANTS IN SERVICE PLANNING 3

MODULE 2: STATUTES, RULES, AND REGULATIONS AFFECTING SERVICE PLANS FOR PMH STUDENTS 30

MODULE 3: DOCUMENTS USED IN SERVICE PLANNING 55

MODULE 4: METHODS FOR COOPERATIVE PLANNING 90

INTRODUCTION

This PARTNERS IN PLANNING participant's manual was developed and written by the Interagency Development Project, a Title VI-B project awarded to the Leon County School Board by the Florida Department of Education, Bureau of Education for Exceptional students. The funding period for the grant began July 1, 1981 and ended June 30, 1983. The project had three major goals for the two-year grant period: first, to study interagency coordination of service plans for school-aged profoundly mentally handicapped (PMH) students in Florida; second, to identify practices for agency coordination; and third, to develop a resource manual and complementary training materials for Florida educators interested in improving interagency coordination of service plans for PMH students.

The resource manual, entitled A Resource Manual for the Development and Evaluation of Special Programs for Exceptional Students, Vol. III-J: Interagency Service Plans for the Profoundly Mentally Handicapped, and the two publications that make up the PARTNERS IN PLANNING training materials (this participant's manual and the trainer's guide) have been developed to better acquaint personnel of public schools and the Department of Health and Rehabilitative Services (HRS) with the statutes, rules, and regulations on which service plans are based. All three publications describe the service plans used by local school districts and HRS and suggest ways in which local agencies may coordinate the development and implementation of these documents. Using different formats, the resource manual and training materials provide information on the agencies that serve PMH students, the legal bases for service plans, service plan documents, and methods for coordinating planning. The resource manual and the PARTNERS IN PLANNING training materials may be used independently or in conjunction for group training.

Use of this participant's manual

The information in this participant's manual is intended for the use of public school, HRS, and other agency personnel who are interested in learning more about the development of interagency service plans for PMH students. School district superintendents, exceptional student education administrators and supervisors, school principals, teachers, and other public school personnel involved in coordinating educational services with HRS can benefit from training that addresses the development and coordination of interagency service plans. The information in this manual, the trainer's guide, and the resource manual can also help HRS personnel understand the procedures that local school districts use to provide educational services. The statutory bases for service planning and the alternatives for coordination should suggest ways in which both agencies might adjust local policies and procedures to encourage and enhance cooperative efforts.

The trainer's guide provides instructions on how to conduct a group session. This participant's manual contains a complete set of materials for self-paced study. Each of the four modules includes a pretest, a self-check exercise, a posttest, and explorations that ask participants to apply information presented to their local circumstances. As users work through the manual, they will also find answers to the following questions:

FROM MODULE 1:

- Which students are classified as profoundly mentally handicapped (PMH)?
- Which PMH students receive services from local school districts and the Department of Health and Rehabilitative Services (HRS)?
- What terms do different agencies use to refer to PMH students?
- What are the different home environments of PMH students?
- What types of service plans do PMH students have?
- How are local school systems, the Department of Education (DOE), and HRS organized to meet the needs of PMH students?
- Is there a need for joint planning and delivery of services to PMH students?

FROM MODULE 2:

- What are some differences in the organizational structures of local school districts and HRS districts?
- What are the state and federal requirements for service plans and service plan reviews?
- What are some of the legal terms found in state and federal laws, rules, and regulations related to services for PMH students?
- What are some possibilities for agency coordination of service plans and service plan reviews?

FROM MODULE 3:

- What are the planning processes for IEPs and hab plans?
- What are the differences in the number of required service plan reviews and the scheduling of these reviews?
- What are the components of different service plans?
- How are the different service plans for PMH students related?

FROM MODULE 4:

- How do local school districts and HRS districts interact in the educational and habilitation planning process for PMH students?
- What are four possible methods of cooperative planning?
- What are the advantages and disadvantages of each method?
- What are the requirements for implementation of the different methods?
- What are some practical methods of planning and scheduling that can be used to carry out the various methods of cooperative planning?
- How can cooperative agreements and shared data collection contribute to cooperative planning?

Supplementary information can be found in the companion publication already mentioned, A Resource Manual for the Development and Evaluation of Special Programs for Exceptional Students, Vol. III-J: Interagency Service Plans for the Profoundly Mentally Handicapped.

OBJECTIVES

Recognize--

1. which students are classified as profoundly mentally handicapped (PMH).
2. which PMH students receive services from local school districts and HRS.
3. the different terms agencies use to refer to PMH students.
4. the different home environments of PMH students.
5. the different types of service plans for PMH students.
6. how local school systems, the DOE, and HRS are organized to meet the needs of PMH students.
7. the need for joint planning and delivery of services to PMH students.

☑ Check your knowledge about the PARTNERS IN PLANNING objectives for Module 1 by writing answers to the pretest questions on a separate sheet.

☑ Check your answers against the ones that follow the test.

☑ Mark the questions you missed and use your results to decide which parts of Module 1 will require most of your time and effort.

QUESTIONS:	REFERENCE PAGES
1. State Board of Education Rules define three categories of mentally handicapped students. What are these categories?	7
2. Profoundly mentally handicapped (PMH) students have a measured intelligence that generally falls below ____ standard deviations below the mean.	7
3. Which state law mandates that school districts provide special educational programs for handicapped students?	7
4. Which ages of handicapped students must public schools serve?	7
5. In Florida, students with mental and other handicaps, along with gifted students, are placed in which programs?	7
6. The term "school-aged" generally means students aged 5 through 18. The "school-aged" category varies, however, from school district to school district. Why?	8
7. PMH students may also qualify for services through Florida's Department of Health and Rehabilitative Services (HRS). Why?	8
8. Which program within HRS serves PMH students?	8
9. Different agencies use different terms when referring to PMH individuals. Which terms are most often used by: (a) local school systems? (b) HRS?	9

		REFERENCE PAGES
10.	Many PMH students live with their natural parents or guardians. Others live in various types of residential facilities. Name 5 of these residential environments.	9-11
11.	What is a cluster facility?	10
12.	Local school districts use Individual Educational Programs (IEPs) in planning services for PMH students. What is the name of the plan that HRS uses for PMH clients?	12
13.	What is BEES and what does it do?	14
14.	What is FDLRS and what does it do?	14
15.	When a PMH student is also an HRS client, who is the student's primary contact within HRS?	16
16.	When do public school and HRS districts need to coordinate service plans for PMH students?	20

ANSWERS TO PRETEST QUESTIONS

1. Educable Mentally Handicapped
   Trainable Mentally Handicapped
   Profoundly Mentally Handicapped
2. 5
3. S. 228.051, F.S.
4. Ages 5-18
5. programs for exceptional students
6. Federal and state laws permit local school districts to serve handicapped students below age 5 and above age 18.
7. Federal law classifies mentally handicapped persons as developmentally disabled, a category served by HRS.
8. The Developmental Services Program
9. (a) Profoundly mentally handicapped; exceptional student; profoundly handicapped
   (b) developmentally disabled; mentally retarded; profoundly mentally retarded; Developmental Services client
10. group homes; foster homes; Residential Habilitation Centers; Intermediate Care Facilities for the Mentally Retarded (ICF/MRs); Sunland Centers
11. An ICF/MR facility consisting of three homes grouped in one location
12. the habilitation (hab) plan
13. BEES stands for the Bureau of Education for Exceptional Students,

ANSWERS TO PRETEST QUESTIONS, CONTINUED

Division of Public Schools, Florida Department of Education. BEES performs a variety of activities that include providing technical assistance to local school districts and monitoring exceptional student education (ESE) programs.

14. FDLRS is an acronym for the Florida Diagnostic and Learning Resources System. FDLRS is composed of associate centers throughout Florida that offer materials and inservice training to school system staff who work with exceptional students.
15. The social worker assigned as the student's case manager.
16. When both are serving the same students and when a student's educational services are transferred from one agency to the other.

Objective 1: Recognize which students are classified as profoundly mentally handicapped (PMH).

Florida's local school systems provide special educational programs for all school-aged students with mental handicaps. For funding purposes, mentally handicapped students are placed in one of three categories, depending on the severity of their handicap. Students with mild impairments are classified as Educable Mentally Handicapped (EMH). Those who are moderately impaired are placed in a second category, Trainable Mentally Handicapped (TMH). Students who are the most severely retarded are classified as Profoundly Mentally Handicapped (PMH). These PARTNERS IN PLANNING materials deal only with profoundly mentally handicapped students. The abbreviation "PMH" will subsequently be used to refer to this category of students.

In diagnosing students as PMH, local school districts must determine that these children:

- need special education or related services
- have a measured intelligence that generally falls below 5 standard deviations below the mean
- have intellectual and adaptive behaviors that are profoundly impaired
- exhibit adaptive behavior that falls below age and cultural expectations

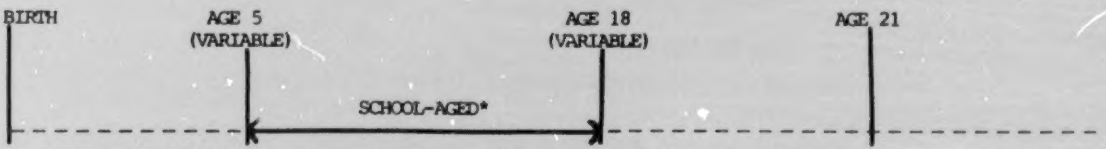
Objective 2: Recognize which PMH students receive services from local school districts and HRS.

State law [S. 228.051, F.S.] requires that all school districts provide special educational programs for exceptional students from age 5 through 18. The law [S. 228.041] describes exceptional children as those who have been evaluated as being--

- mentally handicapped
- speech and language impaired
- hearing impaired
- visually impaired
- physically impaired
- emotionally handicapped
- specific learning disabled
- gifted

At the same time, federal and state laws also permit local school districts to serve handicapped students below age 5 and above age 18. Thus, in some school districts, "school-aged" means 5-18 years old. In other districts it may mean 3-21, 2-19, birth-21, or several other age ranges. Quite simply, "school-aged" means different age groups in different school districts.

The Developmental Services Program within HRS authorizes and coordinates a comprehensive range of services for children and adults who qualify as developmentally disabled under state and federal law. (For more information about the legal definitions of "developmentally disabled" found in Chapter 393, F.S. and Public law 95-602, see page 9 of A Resource Manual for the Development and Evaluation of Special Programs for Exceptional Students, Vol. III-J: Interagency Service Plans for the Profoundly Mentally Handicapped.) Because of their mental handicap, PMH students qualify as "developmentally disabled" under both state and federal laws. Thus, many if not most of the PMH students in your school district will also be receiving HRS services. These services will be explained a little later in this module. For the present, the diagram below gives you a general idea of which agency serves the various age categories.



HRS PROVIDES APPROPRIATE SERVICES, INCLUDING EDUCATION, WITHIN EXISTING RESOURCES. EACH CLIENT HAS A HAB PLAN AND AN IEP, BOTH DEVELOPED BY HRS.

THE LOCAL SCHOOL DISTRICT PROVIDES THE EDUCATIONAL PROGRAM. HRS PROVIDES OTHER APPROPRIATE SERVICES THAT CAN INCLUDE RESIDENTIAL PLACEMENT. EACH STUDENT HAS A SCHOOL SYSTEM IEP AND AN HRS HAB PLAN.

HRS PROVIDES APPROPRIATE SERVICES, INCLUDING EDUCATION, WITHIN EXISTING RESOURCES. EACH CLIENT HAS A HAB PLAN AND AN IEP, BOTH DEVELOPED BY HRS.

HRS PROVIDES TRAINING AND OTHER DEVELOPMENTAL SERVICES. SOME LOCAL SCHOOL DISTRICTS PROVIDE ADULT BASIC EDUCATION.

*Exact ages in the school-aged category vary from school district to school district.

Objective 3: Recognize the different terms agencies use to refer to PMH students.

Different agencies use different terms when they talk about the same individuals. Most often, these terms come from the laws and rules that apply to these agencies. Thus, you may hear profoundly mentally handicapped students also referred to as:

- profoundly handicapped
- mentally handicapped
- profoundly mentally retarded
- retarded
- developmentally disabled
- mentally impaired

Florida's local school districts and the Florida Department of Education (DOE) generally use these terms

- Profoundly mentally handicapped (PMH)
- Exceptional student
- Profoundly handicapped (PH)

Florida's HRS generally uses these terms

- Developmentally disabled
- Profoundly mentally retarded
- Mentally retarded
- Developmental Services client

Objective 4: Recognize the different home environments of PMH students.

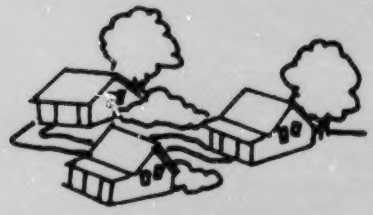
Most Developmental Services clients live with their natural parents or guardians. Because of personal, financial, and developmental needs, some live in residential facilities such as group homes, foster homes, Residential Habilitation Centers, Intermediate Care Facilities for the Mentally Retarded (ICF/MRs), and Sunland Centers. These facilities are licensed, certified, funded, and monitored by HRS. Here are short descriptions of these different environments:

OWN HOME

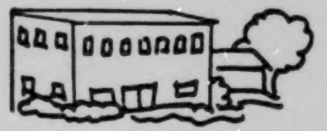
This is typically a family or guardian setting.

FOSTER HOME

This is a family setting, but not the client's own. The family can serve no more than three clients and the home must be licensed by HRS.

GROUP HOME 	Either a family or a staff of professionals may run this home. A family-run home may serve 4 to 8 clients and a staff-operated home 9 to 16 clients. Group homes are usually located in residential neighborhoods. Like foster homes, they must be licensed by HRS.
RESIDENTIAL HABILITATION CENTER 	This is a community residential facility that provides 24-hour supervision and serves 17 or more clients.
Community ICF/MR 	Typically, a community ICF/MR is a residential facility with no more than 60 beds in 15-bed units. ICF/MRs are private non-profit or for-profit organizations that are licensed, certified, and monitored by HRS.
Cluster ICF/MR 	A cluster ICF/MR is composed of three "homes" grouped in one location. Each home can serve 8 clients. Florida's cluster facilities are state owned and have been designed to house mentally retarded clients coming from Tallahassee and Orlando Sunland Centers.

SUNLAND CENTER

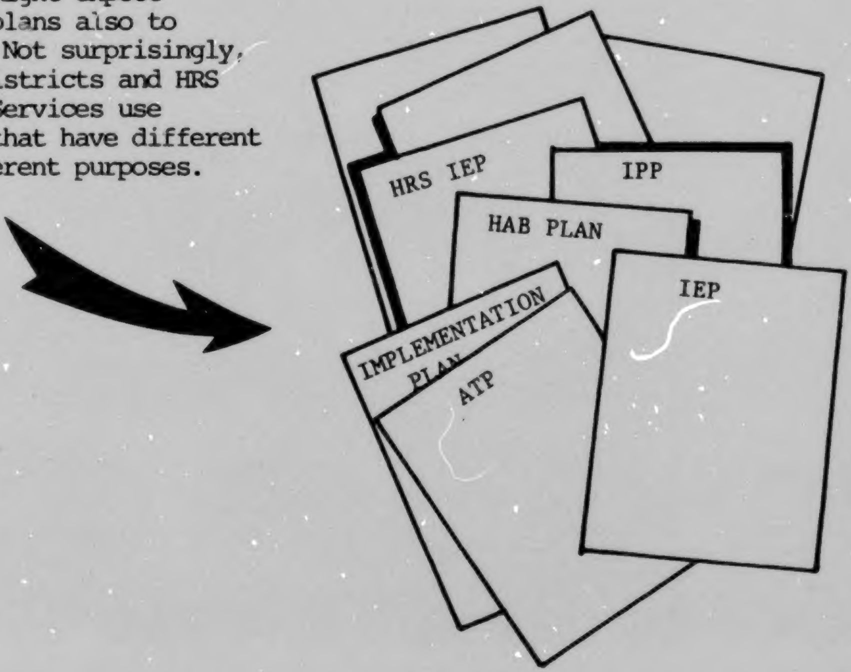


These are large residential facilities operated by HRS that serve severely and profoundly mentally retarded individuals whose needs cannot be met in less restrictive settings. Clients in two of Florida's six Sunland centers are currently being deinstitutionalized. The four remaining Sunland centers are being renamed under legislation passed in 1982.

Local school districts serve PMH students who live in any of these environments. Most of these students attend public schools; some receive their education through public school programs provided in their homes or at the residential facility where they live.

Objective 5: Recognize the different types of service plans for PMH students.

When different agencies are responsible for the same students, you might expect their service plans also to be different. Not surprisingly, local school districts and HRS Developmental Services use service plans that have different names and different purposes.



INDIVIDUAL EDUCATIONAL PROGRAMS OR PLANS (IEPs)

These plans must address all the educational and related services an exceptional student will receive. IEP formats vary from school district to school district.

LOCAL SCHOOL
DISTRICTS USE
THESE PLANS

IMPLEMENTATION PLANS

Implementation plans may consist of a series of behavioral objectives arranged in a developmental sequence directly related to the short-term objectives and the annual goal specified on a student's IEP. The objectives or activities may be originated by teachers or therapists, or they may be taken from commercially developed materials, including curriculum guides, checklists, and skill charts.

HABILITATION (HAB) PLANS

These plans must cover all the services a client needs, including education. If resources are not available, HRS is not required to provide all the services listed on a hab plan.

HRS DEVELOPMENTAL
SERVICES AND ICF/MRs
USE THESE PLANS

ACTIVE TREATMENT PLANS (ATPs)

These plans are required for HRS clients who live in ICF/MRs. State and federal regulations do not require a specific format for ATPs, so staffs of ICF/MRs may develop their own forms. Each ATP must contain--

- short-term objectives
- name/title of trainer
- initiation date of service delivery
- projected completion date
- actual completion date

You will learn more about these plans later on. Right now, you just need to remember the names of the plans and their general purposes. If you are familiar with HRS, you may know that Developmental Services also prepares IEPs for clients through age 21 who are not receiving a public school education. When we talk about IEPs in PARTNERS IN PLANNING, however, we mean only those IEPs developed by local school districts.

Objective 6: Recognize how local school systems, the DOE, and HRS are organized to meet the needs of PMH students.

Local school districts, the Florida Department of Education, and the HRS Developmental Services Program have the major responsibility for meeting the diverse needs of PMH students. Local school districts develop IEPs and programs for PMH students in different ways. Most school districts, however, are organized in one of these ways:

> School-based--Each school is responsible for identifying exceptional students and for providing appropriate programs.
>
> Central-office-based--District staff make most of the decisions about exceptional student programs and policies. School personnel identify students who need exceptional student education programs.
>
> Shared decision making--District and school staff share the responsibilities for identifying and assessing students; coordinating services, and designing appropriate programs.

At the state level, two organizational units have the major responsibility for helping local school and HRS personnel meet the needs of PMH students. These are:

- The BUREAU OF EDUCATION FOR EXCEPTIONAL STUDENTS (BEES), part of the Division of Public schools in Florida's DOE, located in Tallahassee.

AND

- THE DEVELOPMENTAL SERVICES PROGRAM OFFICE, a part of HRS headquarters in Tallahassee.

As you saw earlier, BEES is responsible for different types of handicapped students, as well as the gifted. Four sections within BEES perform a variety of activities that include technical assistance to local school personnel and monitoring exceptional student education (ESE) programs. These sections are:

PROGRAM DEVELOPMENT	PROGRAM REVIEW AND EVALUATION
Consultants provide technical assistance to ESE personnel through bulletins, training, on-site visits, and other activities.	This section examines local practices and determines compliance with required standards.
PROGRAM SERVICES	RESOURCE MANAGEMENT
This section manages the Florida Diagnostic and Learning Resources System (FDLRS), along with a materials Clearinghouse/Information Center, special projects, parent services, and personnel preparation. FDLRS is composed of associate centers throughout Florida that offer materials and inservice training to school system staff who work with exceptional students.	This section is responsible for management of information and financial resources relating to the State FEFP funding, state and federal projects, and liaison with other units of government relating to student transportation, school facilities, and interagency relationships.

Each year, local school districts submit to BEES their district procedures for serving exceptional students. These procedures tell BEES how the school district will organize and operate its exceptional student education program based on state law. (For more information about these procedures, refer to pages 7-8 of your resource manual.)

Now it's time for you to explore your school district's programs for PMH students. Write your answers to the questions in Exploration 1 on a separate sheet. Do not write in this book.

EXPLORATION 1: How does your school district serve PMH students?

1. Which schools in your district serve PMH students?
2. How many PMH students do you have in your school?
3. How many of the PMH students in your school live:
   - a. with family members?
   - b. in group or foster homes?
   - c. in Intermediate Care Facilities for the Mentally Retarded (ICF/MRs)?
   - d. in a Sunland Center
4. Which of these management systems does your school district use to develop IEPs for PMH students?
   - a. School-based
   - b. Central-office-based
   - c. Shared decision-making
5. Who is most responsible for:
   - a. identifying exceptional students?
   - b. developing appropriate programs?
   - c. developing procedures for exceptional student education?
   - d. creating district policy for exceptional student education?
6. Have you read all or part of your district procedures document for exceptional student education? Where would you find a copy in your district?
7. Who prepares this document for your school district?
8. In your school district, which terms are used to refer to PMH students? Do different agencies use different terms?

Now that you have seen how local school districts and BEES are set up, let's take a look at HRS. If you are familiar with the structure of HRS, you know that Developmental Services is just one of ten service programs that HRS provides for eligible clients. We will not name all of the programs here; however, three other HRS programs that may serve PMH students are:

- Children's Medical Services (CMS)
- Economic Services
- Medicaid Services

In addition to their school program, PMH students or their families may qualify to receive services from one or more of these HRS programs. For example, Medicaid money supports ICF/MRs, Economic Services determines a family's eligibility for Supplemental Security Income, and Children's Medical Services provides specialized medical services.

Once a client's hab plan is completed by Developmental Services, a case manager (social worker) is assigned to the client and becomes responsible for obtaining the services indicated on the hab plan.

Developmental Services calls this process its case management system. Developmental Services clients and their families may also receive the following services through HRS or contracted vendors:

- Recreation to help meet clients' therapeutic needs and develop leisure-time skills.
- Education, Training, and Therapy that address self-care, prevocational, social, academic, daily living, communication, and motor skills. School-aged clients, however, generally receive these services from local school districts.
- Parent training that includes classes and individual home instruction; assessment of client needs and abilities; and other assistance to parents.
- Respite Care that places clients under temporary residential care for up to 30 days. This service relieves families or foster parents of stress caused by continuous management and supervision or by a family crisis.
- Supplemental payments to families or caretakers that permit clients to remain with their families or return to their homes.
- Medical and dental services identified in a client's hab plan.

- Transportation to and from service providers and community facilities.
- Escort services for clients who need help in getting to and from service providers.
- Therapies (occupational, physical, and speech) and other training to help clients develop self-sufficiency.
- Developmental training to develop skills clients need to live independently.
- Residential care that includes foster homes, group homes, habilitation centers, ICF/MR facilities, and Sunland Centers.
- Counseling that helps clients and their families resolve social, health, and emotional problems.

As you can see, Developmental Services may fund many different types of services for eligible clients.

Some--or a lot of--the PMH students in your district receive one or more of these services from HRS.

Now let's explore the services your PMH students receive.

EXPLORATION 2: What services do PMH students in your school district receive?

WRITE THE ANSWERS TO THESE QUESTIONS ON A SEPARATE SHEET OF PAPER. DO NOT WRITE IN THIS BOOK.

1. Besides the public school program, what other services do PMH students in your school (or school district) receive?
2. Of these services, which are provided by--
   a. Developmental Services in HRS?
   b. An ICF/MR facility?

☞

EXPLORATION 2, CONTINUED

c. A community agency such as United Cerebral Palsy or the Association for Retarded Citizens

d. Children's Medical Services in HRS

3. Which of these services involves training or therapies?

4. How do these training and therapy services support and reinforce what PMH students are learning in public school programs?

5. How does your school's educational program for PMH students support and reinforce what they learn in other training programs?

6. Which of these services do you think would help the educational growth of your PMH students? Why? (Look back on pages 16-17 for descriptions of these activities.)

- Recreation activities
- Parent training
- Respite care
- Supplemental payments
- Medical and dental services
- Therapies
- Escort services
- Developmental training
- Counseling

7. How many teachers, teacher's aides, and therapists work with PMH students in your school?

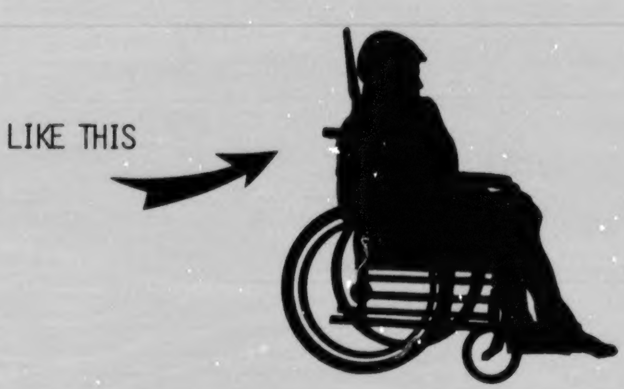
8. How many PMH students in your school are clients of HRS? How many are not?

9. For those PMH students who are HRS clients, what are the names of the HRS social workers assigned as case managers?

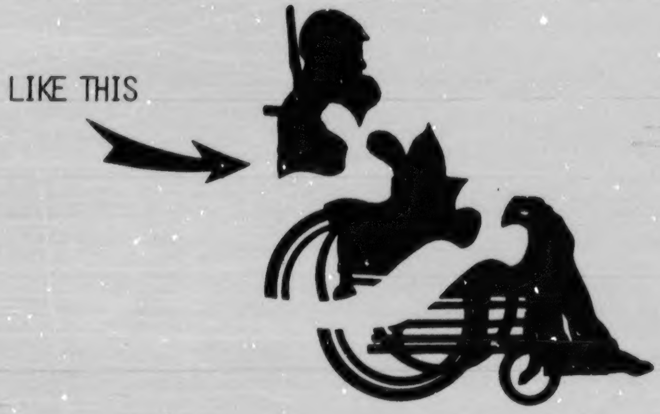
10. What are the responsibilities of HRS social workers to their clients?

Objective 7: Recognize the need for joint planning and delivery of services to PMH students.

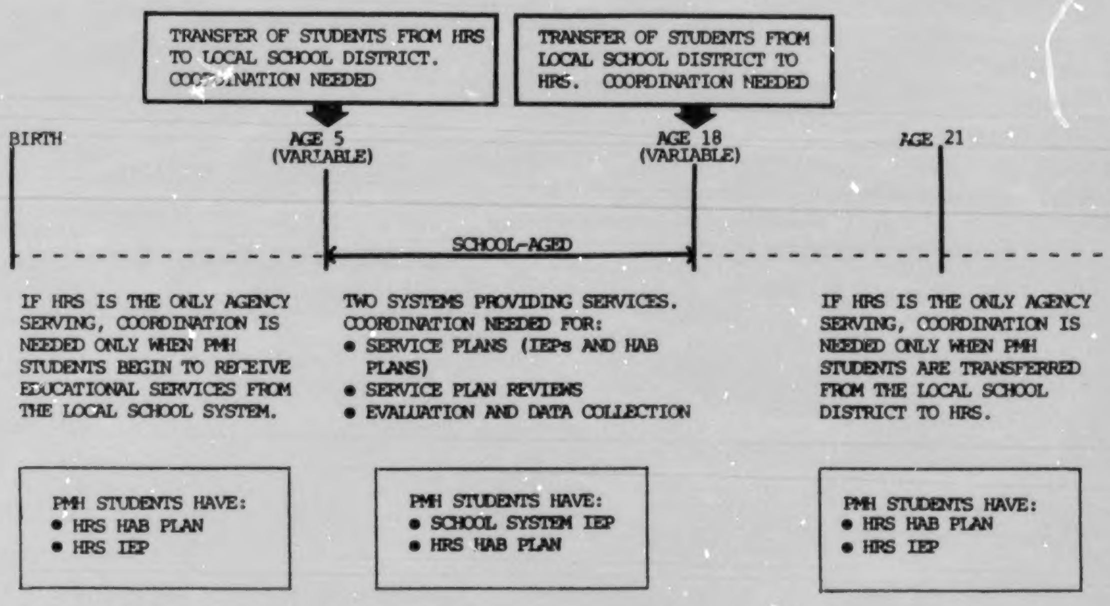
Local school districts and HRS are required to plan and deliver services to many of the same children and youth. Although the services of each agency are different, both systems encourage the holistic development of those in their charge.



Because of differences in agency responsibilities and authority, the result is often--



Let's look again at the chart showing school system and HRS services to PMH students. This time, however, let's pay attention to coordination needs.



TRANSFER OF STUDENTS FROM HRS TO LOCAL SCHOOL DISTRICT. COORDINATION NEEDED

TRANSFER OF STUDENTS FROM LOCAL SCHOOL DISTRICT TO HRS. COORDINATION NEEDED

IF HRS IS THE ONLY AGENCY SERVING, COORDINATION IS NEEDED ONLY WHEN PMH STUDENTS BEGIN TO RECEIVE EDUCATIONAL SERVICES FROM THE LOCAL SCHOOL SYSTEM.

TWO SYSTEMS PROVIDING SERVICES. COORDINATION NEEDED FOR:
- SERVICE PLANS (IEPs AND HAB PLANS)
- SERVICE PLAN REVIEWS
- EVALUATION AND DATA COLLECTION

IF HRS IS THE ONLY AGENCY SERVING, COORDINATION IS NEEDED ONLY WHEN PMH STUDENTS ARE TRANSFERRED FROM THE LOCAL SCHOOL DISTRICT TO HRS.

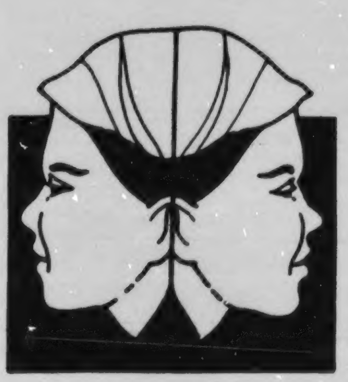
PMH STUDENTS HAVE:
- HRS HAB PLAN
- HRS IEP

PMH STUDENTS HAVE:
- SCHOOL SYSTEM IEP
- HRS HAB PLAN

PMH STUDENTS HAVE:
- HRS HAB PLAN
- HRS IEP

When different people design plans for the same student, yet never discuss these plans or work together, the student's education and training remain fragmented. This lack of communication also means that school and HRS personnel may not understand the responsibilities of the other agency and may work against what the other is trying to achieve. For example, here is what can happen when goals and methods for physical and occupational therapies are not coordinated:

- A public school teacher is teaching a PMH student to feed himself. Staff of the HRS facility are feeding the student.
- An HRS occupational therapist is trying to decrease a student's tongue thrusting. At school, the student's teacher is encouraging tongue thrusting as a motor imitation task.



When HRS and school system personnel do not plan and work together on goals, objectives, and methods, situations like this can easily develop and continue indefinitely. Such conflicts do not benefit PMH students, whose developmental levels require coordinated and complementary programs.

NOW IT'S TIME FOR YOU TO TAKE THE SELF-CHECK EXERCISE FOR MODULE 1.

SELF-CHECK EXERCISE

Write your answers to these questions on a separate sheet. Check your answers with those that come after the questions.

1. Students who are diagnosed as profoundly mentally handicapped have a measured intelligence that generally falls below ____ or more standard deviations below the mean.

2. The mental handicap of PMH students causes them to exhibit behavior that falls below ___ and ________ expectations.

3. In general, only the ___________ category of PMH students receives services from a school district and from HRS.

4. This category must include students aged ___-___. However, this age range varies from school district to school district because ________________________.

5. HRS serves PMH students through the D___________S________ Program, which provides services to both children and adults who qualify as d__________d__________ under state and federal laws.

6. Write "SD/DOE," "HRS," or "both" to indicate which terms are used by local school districts, the DOE, and HRS.

   a. profoundly handicapped

   b. developmentally disabled

   c. profoundly mentally retarded

   d. retarded

   e. exceptional student

   f. profoundly mentally handicapped

7. Many PMH students live with their own families or guardians. Others live in residential facilities such as:

a. G______________ H______________

b. F______________ H______________

c. R______________ H______________ C______________

d. Community I____________________

e. S______________ C______________

8. A particular type of residential facility is being built in school districts throughout Florida to receive deinstitutionalized PMH clients from Sunland Centers. The name for this type of facility is ______________.

9. The facility has this name because ______________.

10. On your answer sheet, write "SD" for local school district or "HRS" to indicate which agency uses each plan.

a. Habilitation (hab) plan

b. Individual Educational plan (IEP) for school-aged students

c) Implementation Plan

d) Active Treatment Plan (ATP)

11. Local school districts have different management structures for serving exceptional students, but most use one of these three structures:

a. ______________________________

b. ______________________________

c. ______________________________

12. BEES is an acronym for B________ of E________ for E________ S________.

13. The four sections within BEES that carry out activities for local school districts are (1)______________ (2)______________ (3)______________ and (4)______________.

14. In addition to supervising programs for mentally handicapped students, BEES has responsibility for other categories of students that include (name 3) ______________.

15. Teachers who want information about exceptional student education might consult a ______________ associate center for materials or inservice training.

16. These centers are managed by the section of __________ within BEES.

17. Every year, local school districts must submit their __________ to BEES for review.

18. HRS is an acronym for Florida's Department of ________________.

19. In addition to the Developmental Services Program, three other HRS programs that may provide services to PMH students are:

    a. C__________ M__________ S__________

    b. E__________ S__________

    c. M__________ S__________

20. A PMH student's primary contact within the local school district is his or her teacher. Which person within HRS would be the student's principal contact?

21. Developmental Services uses a C__________ M__________ system to plan and supervise each client's program of services.

Answers to Module 1 Self-check:

1. 5
2. age; cultural
3. school-aged
4. 5-18; school districts are permitted to serve students below age 5 and above age 18.
5. Developmental Services; developmentally disabled
6. a. SD/DOE d. HRS
   b. HRS e. SD/DOE
   c. HRS f. SD/DOE
7. a. Group Homes
   b. Foster Homes
   c. Residential Habilitation Centers
   d. Community ICF/MRs
   e. Sunland Centers
8. Cluster ICF/MR
9. Three "homes" of eight beds each are grouped together in a cluster
10. a. HRS
    b. SD
    c. SD
    d. HRS (ICF/MRs)
11. school-based; central office based; shared decision making
12. Bureau of Education for Exceptional Students
13. Program Development, Program Review and Evaluation, Program Services, Resource Management
14. Any three of these: hearing impaired, physically handicapped, speech impaired, emotionally handicapped, gifted, visually impaired, severe learning disabled
15. FDLRS
16. Program Services
17. district documents
18. Health and Rehabilitative Services
19. a. Children's Medical Services
    b. Economic Services
    c. Medicaid Services
20. the social worker (case manager)
21. case management

The last question in your self-check, and possibly the most important one for Module 1, might well have been: Can coordinating the services of local school district and HRS make a real difference in the lives of PMH students? You may find a partial answer in the following case example, in which services were only partially coordinated. This is not a true case but represents PMH students who have had similar experiences.

ANDREW

Andrew was born with an unknown etiology that caused profound retardation. When he was 6 months old, it became obvious that he was developmentally delayed. His parents, already in their mid-forties, decided that Andrew would receive better care in an institution.

Andrew lived in a Sunland Center until he was 14. At that age, he could walk; feed, bathe, and toilet himself; and care for a few basic needs. Because of Andrew's capacity to help care for himself, he was transferred to a group home for severely and profoundly retarded teenagers.

Prior to his move, Andrew had received his educational services from the public school program located at the HRS institution. The HRS social worker in his new community referred Andrew to the public school placement specialist, who arranged Andrew's staffing. Andrew's group home parent, Andrew, a school district representative, Andrew's teacher, the public school speech therapist, and the HRS social worker assigned as Andrew's case manager all attended the meeting.

Shortly afterward, Andrew entered a community public school. Andrew's teacher quickly noticed Andrew's self-injurious habit of biting his hand when he did not want to follow his teacher's directions. Andrew was also coming to school without having bathed. The teacher set up a behavioral program, designed to reduce hand-biting, but did not feel that Andrew's new program required a revision in his IEP.

For several weeks, the teacher sent home daily notes concerning Andrew's personal hygiene. When she received no response, the teacher called the group home and found out that Andrew refused to bathe himself and follow other directions of the group home parent. The teacher suggested that the parent use the behavior management program that she used with Andrew while he was at school. The group home parent visited Andrew's teacher, who demonstrated her techniques and gave the parent a copy of the behavior program to use at home.

Five weeks later, Andrew was still biting himself and refusing to bathe. The parent then decided that the school program was ineffective and called Andrew's case manager about his problems. The parent and the social worker met two weeks later and decided that an HRS behavioral program specialist should set up a program for Andrew and train the parent in the home.

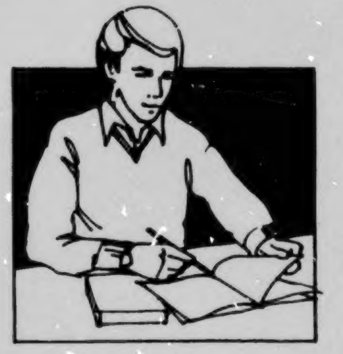
The social worker mentioned that Andrew's hab plan, which she had recently received from the Sunland Center, listed hand-biting and refusal to bathe among Andrew's behavior problems.

At school Andrew's teacher continued to use the program she had devised and assumed that the group home parent was doing the same.

The school and HRS behavior programs were incompatible, and Andrew soon began to tantrum throughout the day.

Finally, Andrew's teacher called the group home parent and discovered the conflict in programs. She asked the parent and the behavioral program specialist to meet with her to design a compatible school/home behavior management program. This meeting took place 3½ months after Andrew's problems were noticed.

YOU MAY NOW TAKE YOUR POSTTEST THAT STARTS ON THE NEXT PAGE. ☞



Answer these questions on a separate sheet, without skipping back through the module or looking ahead to the answers. Then check your answers with those that follow the posttest to find out which parts you should review. Review those parts and, for related information, look in A Resource Manual for the Development and Evaluation of Special Programs for Exceptional Students, Vol. III-J: Interagency Service Plans for the Profoundly Mentally Handicapped.

1. Florida statutes define three categories of mental retardation. These categories are profoundly mentally handicapped, t_____mentally handicapped, and e______mentally handicapped.

2. Which of the following statements is false? In diagnosing students as PMH, local school districts must determine that these children:
   a. exhibit adaptive behavior that falls below age and cultural expectations.
   b. have intellectual and adaptive behaviors that are moderately impaired.
   c. need special instruction or special education services.
   d. have a measured intelligence that generally falls below 3 standard deviations below the mean.

3. Which state law requires that all school districts provide special educational programs for exceptional students?
   a. S. 236.082, F.S.
   b. S. 246.061, F.S.
   c. S. 228.051, F.S.
   d. S. 413.069, F.S.

4. Which of the following is not included in the state law's definition of exceptional student?
   a. hearing impaired
   b. speech impaired
   c. emotionally handicapped
   d. orthopedically impaired
   e. mentally handicapped
   f. visually impaired

5. State laws permit school districts to serve handicapped students below age ____ and above age ____.

6. Which age group of PMH students may receive services from local school districts and HRS?

7. HRS may serve PMH students because these students' mental handicaps permit them to be classified as _____ ______ under state and federal law. ☞

8. Write "SD" (school district) or "HRS" to indicate which agency is most likely to use the following terms.
   a. exceptional student
   b. profoundly mentally handicapped
   c. Developmental Services client
   d. profoundly handicapped
   e. developmentally disabled

9. Indicate whether each of the following is true (T) or false (F).
   a. A foster home can serve no more than 3 clients and must be licensed by HRS.
   b. Either a family or a group of professionals may run a group home.
   c. A cluster ICF/MR is composed of 4 homes grouped in one location.
   d. Florida's cluster facilities are state-owned.
   e. Sunland Centers are large, privately-operated residential facilities.
   f. All ICF/MRs in Florida must be licensed and certified by HRS.

10. State and federal laws require that school districts and HRS develop written plans for each exceptional student or Developmental Services client. What are the names of these plans?

11. Public school teachers develop additional plans for implementing the IEP. What are these plans called?

12. ICF/MR staff members must also write additional plans for clients. What are these plans called?

13. In shared decision making, ________ and __________staffs share the responsibilities for identifying and assessing exceptional students; coordinating services; and designing appropriate programs.

14. At the state level, two organizational units have the major responsibility for helping local school and HRS personnel meet the needs of PMH students. These are ______________, part of the DOE, and ______________, a part of HRS.

15. ____________is composed of associate centers throughout Florida that offer materials and inservice training to school system personnel who work with exceptional students.

16. PMH students and their families may be eligible to receive services from more than one HRS program. Which programs are represented by the following abbreviations?
   a. C__M__S__
   b. E__S__
   c. M__S__

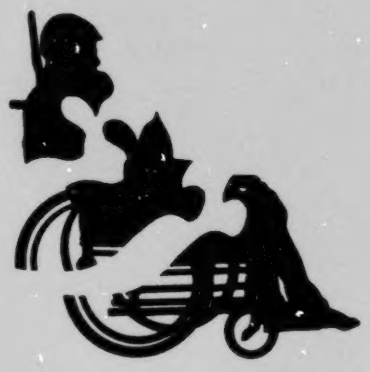
17. Once an HRS client's hab plan is completed, a Developmental Services __________ becomes responsible for obtaining the services indicated on the hab plan.

18. When would PMH students have:
   a. An HRS IEP and an HRS hab plan?
   b. A school system IEP and an HRS hab plan?

☞

19. In which of the following situations is coordination of school district and HRS services needed?
    a. HRS is providing education and other appropriate services to preschool PMH clients.
    b. The educational program of a PMH student is transferred from the HRS district to the local school district.
    c. A PMH student lives in an HRS residential facility and attends a public school.
    d. An 18-year-old PMH student's educational program is transferred from the local school district to the HRS district.
    e. The HRS district is providing education and other appropriate services to a 21-year-old PMH client.

20. What does the following illustration represent?



ANSWERS TO POSTTEST	OBJECTIVE
1. trainable, educable	1
2. b; d	1
3. c	2
4. d	2
5. 5; 18	2
6. school-aged	2
7. developmentally disabled	2
8. a. SD	3
b. SD	
c. HRS	
d. SD	
e. HRS	
9. a. T	4
b. T	
c. F	
d. T	
e. F	
f. T	

ANSWERS TO POSTTEST, CONT.	OBJECTIVE
10. Individual Educational Programs or Plans (public school); Habilitation plans (HRS)	5
11. Implementation plans	5
12. Active Treatment Plans	5
13. school; district	6
14. the Bureau of Education for Exceptional Students (BEES); the Developmental Services Program Office	6
15. FDLRS	6
16. a. Children's Medical Services b. Economic Services c. Medicaid Services	6
17. Social worker or case manager	6
18. a. When they are not school-aged and they receive educational and other appropriate services from HRS. b. When they are school-aged (enrolled in a public school) and are clients of HRS.	7
19. b; c; d	7
20. The fragmented development of a PMH student that can occur when HRS and public school services are not coordinated.	7

OBJECTIVES

Recognize--

1. differences in the organizational structures of local school districts and HRS districts.
2. state and federal requirements for service plans and service plan reviews.
3. legal terms found in state and federal laws, rules, and regulations related to services for PMH students.
4. possibilities for agency coordination of service plans and service plan reviews.

☑ Check your knowledge about the PARTNERS IN PLANNING objectives for Module 2 by writing answers to the pretest questions on a separate sheet. Check your answers against the ones that follow the test.

☑ Use your results to decide which parts of Module 2 will require most of your time and effort.

QUESTIONS:	REFERENCE PAGES
1. How many county school districts are there in Florida?	34
2. How many HRS districts are there?	34
3. Why does the DOE audit local school districts?	35
4. In each HRS district, the district ______ (title) supervises district staff and programs.	35
5. What do these abbreviations stand for? a. CFR b. P.L. c. F.S. d. F.A.C. e. SBER	37
6. Various laws, rules, and regulations apply to the education and care of PMH students. Which of the following would affect all or some PMH students? a. Laws dealing with the education of handicapped students b. Laws dealing with services to the developmentally disabled c. Laws, rules, and regulations for residents of HRS residential facilities d. Laws, rules, and regulations for HRS clients	36
7. SBER 6A-6.331 and P.L. 94-142 require that IEPs	☞

REFERENCE PAGES

include statements of ______ goals and short-term __________. 39

8. Chapter 393, F.S. and P.L. 95-602 require that HRS develop a hab plan for each developmentally disabled client that specifies all authorized _______ and includes long-term _________. 39

9. ICF/MRs are legally required to develop a "written plan of care" for each resident. In Florida, which two documents do ICF/MRs use to meet this obligation? 40

10. Which service plan must be developed on a standardized form? 39

11. In general, how does a public school IEP relate to an HRS hab plan? 40

12. In general, how does an ATP relate to a hab plan? 40

13. What is a habilitation planning committee? 43

14. What is a Qualified Mental Retardation Professional (QMRP)? 43

15. Which of the following plans require annual review? 44

a. IEPs c. Implementation Plans

b. hab plans d. ATPs

16. Which service plan reviews require attendance by the student's parents? 45

a. IEP reviews c. Implementation plan reviews

b. Hab plan reviews

17. Which of the following are local school districts and HRS permitted to do under existing laws, rules, and regulations? 46

a. Share service plans with parental permission.

b. Develop a single service plan that meets the requirements of both agencies.

☞

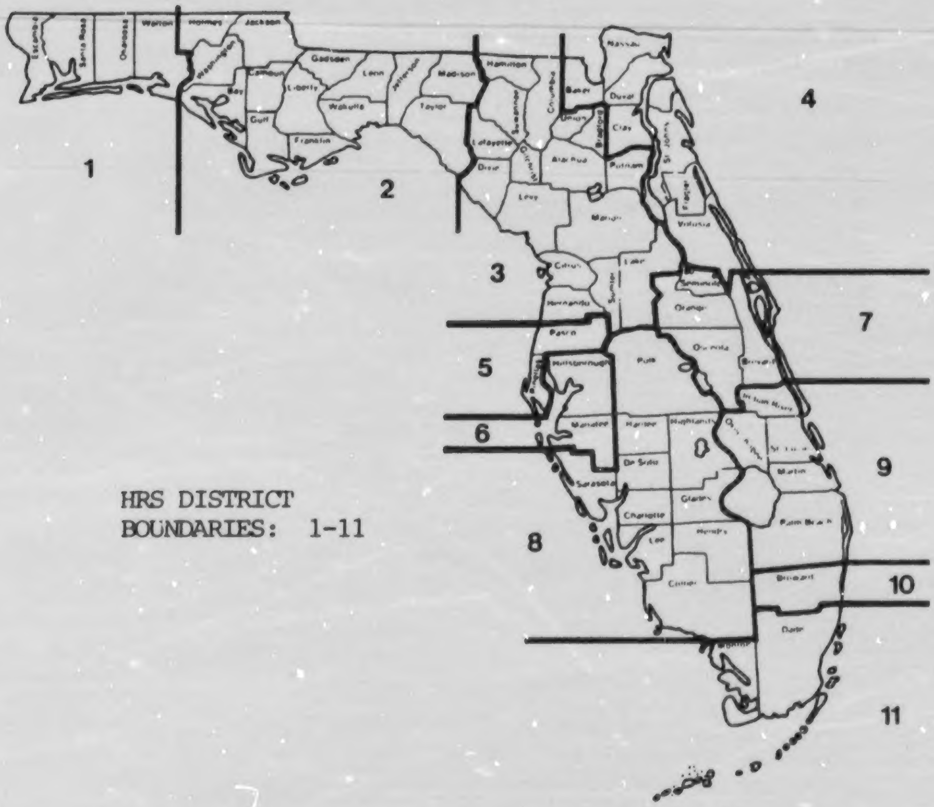
c. Combine service plan reviews into one meeting.

ANSWERS TO PRETEST QUESTIONS

1. 67
2. 11
3. To verify school districts' compliance with applicable legal requirements
4. administrator
5. a. Code of Federal Regulations
   b. Public Law
   c. Florida Statutes
   d. Florida Administrative Code
   e. State Board of Education Rule
6. a; b; c; d
7. annual; objectives
8. services; goals
9. The HRS hab plan and the Active Treatment Plan
10. The habilitation plan
11. The IEP lists the educational and related services a student is to receive. These services relate to certain measurement categories on the hab plan (Section C) that address a client's education and training.
12. An ATP lists short-term objectives and prescribes the methods that ICF/MR staff members and outside service providers will use in meeting a client's hab plan goals.
13. Those HRS staff members and service providers who meet to develop and review a hab plan for a Developmental Services client.
14. A professional responsible for the management of programs provided to clients living in ICF/MRs.
15. a; b; d
16. a; b
17. a; b; c

Objective 1: Recognize some of the differences in organizational structure between local school districts and HRS districts.

In Module 2, you will see that most statutes and agency regulations affecting services for PMH students are compatible and even encourage cooperation. At the same time, however, differences in organizational structures and some agency and legal requirements restrict or hamper coordination between local school districts and HRS. For example, Florida has 67 school districts that correspond to the state's 67 counties. On the other hand, HRS has only 11 districts, which means that most HRS districts include more than one school district. HRS district 3 comprises 16 school districts, while HRS district 10 comprises only 1--Broward school district. Compare the school district and HRS district boundaries on the following map:



HRS DISTRICT
BOUNDARIES: 1-11

EXPLORATION 1: What do you know about HRS districts?

LOOK BACK AT THE FLORIDA MAP AND ANSWER THESE QUESTIONS.

1. Which HRS district serves your school district?
2. How many other school districts does this HRS district serve?
3. Where is the headquarters for the HRS district (not shown on map) that serves your school district?
4. If you had a question about the Developmental Services Program in your HRS district, who would you contact?
5. When an HRS district serves a large number of school districts, what coordination problems might you expect?

Each agency also has different reporting structures. In school districts--

Teachers report to principals of individual schools.

⬇

Principals report to the superintendent and the district school board.

⬇

The district school board approves school district policies and procedures. It also ensures that the school district is complying with state laws and State Board of Education Rules.

⬇

The DOE audits local school districts to make sure they are meeting all of their legal requirements.

HRS districts are structured differently:

District staff members report to Direct Services Supervisors or Program Supervisors

⬇

Program Supervisors within a district report to the Program Coordinator or the District Administrator

The District Administrator reports to an
Assistant Secretary of HRS, who reports to
the HRS Secretary

▼

The HRS secretary reports to the Governor

The structure of our public school system places much of the decision-making responsibility on school districts; HRS decision making is much more centralized. Our laws created these separate organizational structures, and these structures tend to support separate communication patterns. Bringing these two communication patterns together requires joint planning, which is one of the reasons for the development of PARTNERS IN PLANNING and A Resource Manual for the Development and Evaluation of Special Programs for Exceptional Students, Vol. III-J: Interagency Service Plans for the Profoundly Mentally Handicapped.

Objective 2: Recognize state and federal requirements for service plans and service plan reviews.

In many instances, federal laws and regulations lead to the creation of state laws and rules. Generally, however, state laws and rules (detailed specifications of a law's requirements) develop separately, without federal laws and regulations as a basis. When new federal laws and regulations conflict with state laws and rules, the Florida legislature amends our statutes to comply with the new federal requirements.

When we talk about services for PMH students, we must consider all the state regulations and rules for:

The education of handicapped students
(A school district and DOE responsibility)

Services to the developmentally disabled and
to the residents of HRS residential facilities
(An HRS responsibility)

We must add to these laws any others that affect all public school students and all HRS clients. This many applicable laws can cause anyone to become confused, especially when the laws apply to different agencies. The situation is made more complicated because each agency decides how it will comply with these legal requirements. Yet, whatever the agency responsible, all of these laws may apply to PMH students. Thus, when local school districts and HRS try to coordinate services to PMH students, they can feel pulled in different directions by the regulations that apply to them.

To understand the legal references in this module, you will need to be familiar with some of the abbreviations used to refer to federal and state laws, rules, and regulations. So, if you do not already recognize the following, you should learn them now:

- P.L. = Public Law (federal law)
- F.S. = Florida Statutes
- CFR = Code of Federal Regulations
- FAC = Florida Administrative Code
- SBER = State Board of Education Rule
- S = Section of State Law
- § = Section of Federal Law

Now let's select portions of the legal requirements that apply to the development of service plans and service plan reviews for PMH students.

AGENCY	Local school systems and the DOE	HRS Developmental Services	HRS-ICF/MRs
LAWS, RULES, REGULATIONS	SBER 6A-6.331 and P.L. 94-142	S. 393.065, F.S., P.L. 95-602; HRS manual 160-2	S. 393.065, F.S., 42 CFR 442.400, Ch. 10D-38, FAC
REQUIREMENTS FOR WRITTEN PLAN	Written individual educational program for each handicapped student	Written habilitation plan for each developmentally disabled client	Written "plan of care" Functional training and habilitation record for each resident

(Chart continued on next page)

AGENCY	Local school systems and the DOE	HRS Developmental Services	HRS-ICF/MRs
PARTICIPANTS IN PLANNING	Meeting of school system personnel, parents, and student (when appropriate) to develop individualized educational programs prior to provision of services	Meeting of agency personnel, the client, and parents (when appropriate) to develop the hab plan	Meeting of interdisciplinary team to plan an individualized habilitation program for each resident within one month after admittance.
PERIODIC REVIEW OF PLANS	At least annual review of each student's IEP	At least annual review of each client's hab plan Semi-annual review by social worker [HRS manual 160-2]	At least annual review of each client's hab plan Quarterly review by an interdisciplinary team Monthly review of each resident's program plan by a member or members of an interdisciplinary team

EXPLORATION 2: How are the legal requirements similar and different?

LOOK BACK OVER THE SIMPLIFIED LIST OF LEGAL REQUIREMENTS FOR SERVICE PLANS AND SERVICE PLAN REVIEWS AND ANSWER THE FOLLOWING QUESTIONS:

1. Which requirements are similar for both local school systems, HRS Developmental Services, and ICF/MRs?
2. Which requirements are different? From this small sample, which agency would you guess is faced with the most requirements?
3. Which agency's requirements appear to involve the most personnel?

State and federal laws and rules also indicate what information service plans are to contain:

IEP	HABILITATION PLAN	INDIVIDUAL PLAN OF CARE
SBER 6A-6.331 and P.L. 94-142 require:	S. 393.065, F.S. and P.L. 95-602 require:	Interpretive Guidelines for 45 CFR 249.13 and Chapter 10D-38, FAC require:
• Statement of the student's present levels of educational performance	• Long-term habilitation goals and intermediate habilitation objectives stated in behavioral or other terms that provide measurable indices of progress (HRS interprets "long-term" as annual.)	• Short and long-range goals that can be measured in terms of the individual's habilitation and progression from dependent to independent functioning.
• Statement of annual goals and short-term instructional objectives	• Specification of all services authorized	• A prescription of an integrated program of individually designed activities, experiences, or therapies necessary to achieve short-term objectives
• Statement of specific educational and related services to be provided	• Specific habilitative services to be provided	
• Projected date for initiation and anticipated duration of such services	• The most cost beneficial, least restrictive environment for accomplishment of the objectives for client progress	
• Objective criteria and evaluation procedures and schedules	• Use of standard habilitation plan format	

Within each local school district, teachers, parents, and appropriate public school personnel are responsible for the development of IEPs for their PMH students. The Developmental Services Program within each HRS district develops the hab plans for Developmental Services clients, and each ICF/MR within the HRS district is responsible for developing a hab plan and an ATP for each ICF/MR resident. With these two documents, ICF/MRs meet their legal obligation to develop a "written plan of care" for each resident.

What impact do the different legal requirements for service plans and service plan reviews have on each agency? You will find a more detailed answer to this question in Module 3. For the moment, look at the following diagram, which represents the general relationship of the three plans:

HAB PLAN

An HRS management tool that reflects all the habilitation services the client needs, including educational services

IEP

A school district management tool that reflects all educational and related services needed by an exceptional student

ATP

An ICF/MR management tool written to implement the resident's hab plan. It prescribes the methods the ICF/MR will use to meet hab plan goals.

SOME QUESTIONS AND ANSWERS ABOUT SERVICE PLANS

Q. Do all PMH students have an ATP?

A. No, only those PMH students who live in ICF/MRs.

Q. Do all PMH students who live in an ICF/MR have a hab plan?

A. Yes, with very few exceptions. Remember, ICF/MR residents are HRS

Medicaid clients. Developmental Services establishes and interprets the programming requirements; Medicaid funds help pay for the services.

Q. What are the exceptions?

A. *Anyone who can afford to pay for the services an ICF/MR provides may find and pay for residential space in an ICF/MR. The difference is in who pays, and because such care is very expensive, these situations are rare. HRS contracts with ICF/MR agencies and encourages the use of these facilities for HRS clients.*

Q. What makes a residential facility qualified as an ICF/MR?

A. *A residence that is licensed according to Chapter 10D-38 of the Florida Administrative Code and certified under 42 CFR 442.400 by the HRS office of Licensure and Certification as an ICF/MR eligible to receive Medicaid funding.*

Q. What is 10D-38?

A. *It is a state rule that delineates state requirements and Florida's interpretation of the federal requirements (42 CFR 442.400) for ICF/MRs.*

Q. What about the PMH students who live in their own homes or group and foster homes? Do they have ATPs or something like ATPs?

A. *They don't have ATPs because they don't live in an ICF/MR. They do have hab plans if they are receiving HRS services through the Developmental Services Program. If they are not clients of HRS, they won't have hab plans either.*

Q. Well, what must all PMH students have?

A. *All PMH students enrolled in public schools must have public school IEPs.*

EXPLORATION 3: What plans do your PMH students have?

1. How many of the PMH students in your school have:

   a. IEPs? c. ATPs?

   b. Hab plans?

2. How would you expect goals for "education," "habilitation," and "active treatment" to be:

   a. similar and interactive? b. different and conflicting?

Objective 3: Recognize some of the legal terms found in state and federal laws, regulations, and rules related to services for PMH students.

As you have already seen, federal and state laws, regulations, and rules that affect services for PMH students use an assortment of different terms. Here are a few of the most important:

- Active Treatment--An aggressive and organized effort to fulfill each ICF/MR resident's fullest functional capacity. It requires an integrated individually-tailored program of services directed toward achieving measurable behavioral objectives.

- Active Treatment Plan (ATP)--An individualized prescriptive plan written by an interdisciplinary team of ICF/MR service providers to implement an ICF/MR client's habilitation plan.

- Annual Goals--Those behaviors or skills that an exceptional student or Developmental Services client is expected to learn within a year. These goals are recorded on an exceptional student's Individual Educational Program. For a Developmental Services client, annual goals appear on the client's habilitation (hab) plan and on the Active Treatment Plan or other appropriate implementation plan.

- Annual Reviews--The annual meetings held by both school system and HRS personnel to revalidate and make changes in service plans. School system personnel meet with parents and students (when appropriate) to renew and revise Individual Educational Programs. HRS personnel meet with parents, clients, and service providers to change or revalidate goals in habilitation plans.

- Developmentally Disabled--A term used in Florida law to describe children and adults who exhibit disorders or syndromes caused by retardation, cerebral palsy, autism, or epilepsy. For such persons, these symptoms must constitute substantial handicaps that are likely to continue indefinitely. Federal law [P.L. 95-602] also defines "developmental disability" as a severe, chronic disability that--
  - --is attributable to a mental or physical impairment or combination of mental and physical impairments;
  - --is manifested before the person attains the age of 22;
  - --is likely to continue indefinitely;
  - --results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic sufficiency; and
  - --reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of life-long or extended duration and are individually planned and coordinated.

- Exceptional Student--Under Florida law and rule [S. 228.041, F.S.;

SBER 6A-6.301], any public school student (or child eligible for enrollment) who needs special instruction or special education services because of physical, mental, emotional, social, or learning exceptionality. Exceptional students are those who are mentally handicapped, speech and language impaired, hearing impaired, visually impaired, physically impaired, emotionally handicapped, specific learning disabled, and gifted.

- Habilitation--A process by which a client is assisted to acquire and maintain those life skills which enable him to cope more effectively with the demands of his condition and environment and to raise the level of his physical, mental, and social efficiency. It includes, but is not limited to, programs of formal structured education and treatment (Ch. 393, F.S.).

- Habilitation (hab) Plan--An individualized prescriptive plan written for each Developmental Services client. The habilitation plan identifies client needs and authorizes the expenditure of state funds to provide services. The plan describes a client's present level of functioning or development in each applicable program or service area and lists annual goals for client performance.

- Habilitation Planning Committee (HPC)--Those HRS staff members and service providers who meet to develop and review a habilitation plan for a Developmental Services client.

- Individual Educational Program (IEP)--The written service document that state and federal laws require for every student enrolled in an exceptional education program. In Florida, public school systems write IEPs for the exceptional students they serve (ages vary from school district to school district) and HRS does the same for all HRS clients below age 22 who are not being served by local school systems.

- Intermediate Care Facility for the Mentally Retarded (ICF/MR)--A residential facility licensed by the state and certified according to federal Medicaid regulations. An ICF/MR provides room and board; continuous 24-hour-a-day supervision; participation in professionally developed and supervised activities, experiences or therapies; and all habilitative, rehabilitative, or treatment services identified for each client by an interdisciplinary team.

- Qualified Mental Retardation Professional (QMRP)--A professional responsible for the management of programs provided to clients living in Intermediate Care Facilities for the Mentally Retarded.

Objective 4: Recognize possibilities for agency coordination of service plans and service plan reviews.

This module has shown that local school systems and HRS districts are organized in different ways and must comply with different federal and state laws, regulations, and rules. Considering these factors, would you expect services for PMH students to be harmonious, conflicting, or unrelated? In instances where services conflict or are unrelated, what steps can be taken to harmonize services and still comply with the multiple legal requirements for both agencies? You may start to develop some answers to this question by considering what the laws, rules, and regulations allow local school systems and HRS to do. Examine the following charts. The first chart shows the differences in the frequency of required reviews of service plans. The second chart describes the focus of the reviews and the third chart indicates who must participate in these reviews.

REQUIRED REVIEWS OF SERVICE PLANS

Document	Annual	SemiAnnual	Quarterly	Monthly
PUBLIC SCHOOL IEP	X (any time during the calendar year or on anniversary date of IEP)			
HRS DEVELOPMENTAL SERVICES HAB PLAN	X (Before or on anniversary date of hab plan)	X		
ICF/MR HAB PLAN	X (Before or on anniversary date of client's admittance)		X	X

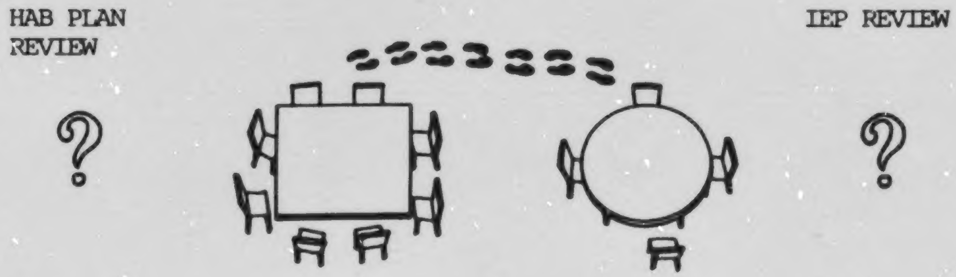
FOCUS OF SERVICE PLAN REVIEWS

PUBLIC SCHOOL SYSTEM	HRS	HRS-ICF/MR
Review each student's IEP and, if appropriate, revise it's provisions	Review and revise the client's hab plan	Review the resident's responses to his or her program and revise the program accordingly

PARTICIPANTS IN REVIEWS

PUBLIC SCHOOL SYSTEM	HRS	HRS-ICF/MRs
Annual review: • school district representative • Teacher(s) • Parent(s) • Student, when appropriate • Other individuals at the discretion of the parent or school district [SBER 6A-6.331] • A member of the evaluation team or someone knowledgeable of the evaluation procedure and results if the student has been evaluated for the first time.	Annual review: • the Developmental Services social worker • The client • The client's parents or guardian [HRS manual 160-2] Semi-annual review: Florida laws do not specify the persons to conduct these reviews. Developmental Services has assigned this responsibility to the client's case manager and requires that the client also be present.	Annual review: • All ICF/MR staff and outside professional team members who are involved in carrying out the resident's individual plan of care • The client's parents or guardian • The client Quarterly review: • An interdisciplinary team consisting of representatives of the professions or service areas responsible for the client's program. Monthly review: (of the resident's ATP) • The QMRP located at the facility, who may require the involvement of other personnel

Look at the last chart showing required participants at annual reviews. You'll notice that the student's parents are expected to attend both the IEP and the hab plan annual reviews. These parents sometimes have difficulty understanding why they must attend two separate meetings with different people to hear about the services their child will receive.



Now, imagine yourself as a parent of a PMH child. What would you experience at two separate meetings? Might the same questions come up at each meeting? Would the answers to these questions be the same or different? At a hab plan review, who would answer your questions about educational goals? At an IEP meeting, who would answer a question about how an educational goal fits into the hab plan?

Since you are probably not the parent of a PMH student, you may not have answers to all of these questions. Let's try another that you may have some partial answers for:

WHAT CAN LOCAL SCHOOL DISTRICTS AND HRS DO TO GIVE MORE CONTINUITY TO SERVICE PLANNING FOR PMH STUDENTS?

In light of the legal requirements you have read about in this module, how many of the following "free" options deserve consideration?

LOCAL SCHOOL DISTRICTS AND HRS:

- Share service plan documents with parental permission
- Develop a single service plan that meets the requirements of both agencies
- Participate in each other's annual reviews or combine reviews into one meeting
- Agree on common or complementary goals, objectives, and methodologies
- Agree on how goals and objectives are to be written
- Coordinate timelines for the accomplishment of goals and objectives
- Share evaluation results with parental permission
- Encourage appropriate personnel to coordinate educational and training activities

Write your answers to these questions on a separate sheet. Check your answers with those that come after the questions.

1. Local school districts and HRS districts cover:

   a. the same geographic areas

   b. different geographic areas

2. Florida is divided into ___ HRS districts.

   a. 12 c. 11

   b. 10 d. 9

3. HRS district 3 serves ___ school districts, which is the most served by any HRS district.

   a. 10 c. 14

   b. 12 d. 16

4. HRS district 10 encompasses one school district. This district is:

   a. Broward c. Hillsborough

   b. Dade d. Orange

5. HRS district staff members report to _____, who report to _____.

   a. District administrators; the Program Supervisor

   b. Direct Services Supervisors; the Program Coordinator or the district administrator

   c. District Supervisors; the HRS assistant secretary

6. School district policies are approved by __________.

   a. School principals c. The superintendent

   b. The school board d. The Department of Education

☞

7. What do these abbreviations stand for?

   a. CFR
   d. F.A.C.
   b. P.L.
   e. SBER
   c. F.S.

8. Which statements accurately reflect the ways federal regulations and state laws and rules develop?
   a. New federal laws may lead to the development of new state laws.

   b. New state laws always lead to revisions in federal laws and regulations.

   c. New or revised federal laws may lead to revisions in state laws.

   d. State laws may be developed without a federal law as a basis.

   e. State rules are detailed specifications of a state law's requirements.

9. On your sheet, write "SD," "HRS," or "ICF/MR," to indicate the agency that each requirement applies to. Some regulations may apply to more than one agency.

   a. A written habilitation plan for each individual

   b. Monthly review of service plans

   c. A written individualized educational program for each individual

   d. A meeting of agency personnel to develop individual service plans

   e. At least annual review of service plans

   f. A written "plan of care"

   g. A service plan using a standardized format

   h. Service plans that include annual goals

   i. Service plans that include statements of specific services to be provided

10. On your answer sheet, write the name of the document for each of the definitions given below:

   a. An individualized prescriptive plan written by an interdisciplinary team of ICF/MR service providers to implement an ICF/MR client's habilitation plan

b. The written service document that state and federal laws require for every student enrolled in an exceptional education program.

c. An individualized prescriptive plan written for each Developmental Services client. The _____ plan identifies client needs and authorizes the expenditure of state funds to provide services. The plan describes a client's present level of functioning or development in each applicable program or service area and lists annual goals for client performance.

11. On your answer sheet, write "annually," "semi-annually," "quarterly," or "monthly" to indicate how often individual service plans must be reviewed.

    a. IEP

    b. HRS Developmental Services hab plan

    c. ICF/MR hab plan

12. Each agency requires or expects certain people to attend annual reviews of service plans. On your answer sheet, write "SD," "HRS," or "ICF/MR" to indicate the agency that requires the following participants at these meetings:

    a. the student (or client)

    b. the parents or guardian

    c. the student's teacher

    d. All staff and outside professional team members involved in the student's program

    e. A committee composed of specific representatives and staff members

    f. A local school district representative

Answers to Module 2 Self-Check:

1. b
2. c
3. d
4. a
5. b
6. b
7. a. Code of Federal Regulations
   b. Public Law
   c. Florida Statutes
   d. Florida Administrative Code
   e. State Board of Education Rule
8. a, c, d, e
9. a. HRS, ICF/MR
   b. ICF/MR
   c. SD
   d. SD, HRS, ICF/MR
   e. SD, HRS, ICF/MR
   f. ICF/MR
   g. HRS, ICF/MR
   h. SD, HRS, ICF/MR
   i. SD, HRS, ICF/MR

Answers to Module 2 Shelf-Check:

10. a. Active Treatment Plan (ATP)
    b. Individual Educational Program (IEP)
    c. Habilitation (hab) plan
11. a. Annually
    b. Annually, semi-annually
    c. Annually, quarterly, monthly
12. a. SD (when appropriate), HRS, ICF/MR
    b. SD, HRS, ICF/MR
    c. SD (NOTE: HRS and ICF/MRs often invite teachers to attend annual reviews; however, teachers are not legally required to attend)
    d. ICF/MR
    e. HRS
    f. SD

Again, the last and possibly most important question that might have been added to your self-check is: "What is the payoff when school districts and HRS help each other comply with the legal requirements for developing individual service plans for PMH students?"

The following case example is a fictionalized account of what can happen when agencies cooperate.

JEREMY

Jeremy, who is now 9 years old, was born with spina bifia (myelomemingocele), hydrocephalus, and profound mental retardation. Immediately after Jeremy's birth, he received an operation to conduct excessive brain fluid into his heart, where it could be absorbed by the blood. Shortly after the first operation, Jeremy also received surgery to alleviate back and urinary tract problems.

As an infant, Jeremy received an individualized program at the local United Cerebral Palsy Association. At age 3, he began a public pre-school program at a local school. Because of Jeremy's extensive medical, mental, and physical disabilities, his parents felt they could not care for Jeremy at home and placed him, at age 8, in a private ICF/MR. After his move to the facility, his parents, school personnel, and ICF/MR staff decided that Jeremy's public school program was still the most appropriate educational setting.

Jeremy's medical diagnosis and functional level both suggested a need for maximum communication between the ICF/MR and the school. The ICF/MR administrator also explained to the school principal certain ICF/MR regulations for monthly progress reports, the writing of behavioral objectives, and attendance by service providers at annual hab plan reviews. The principal, Jeremy's teacher, and the ICF/MR administrator agreed on the following coordination procedures:

1. The teacher would provide the ICF/MR with daily reports on Jeremy's food and fluid intake, body elimination, and other maintenance programs.
2. Both the school and the ICF/MR would provide daily coordinated physical therapy.
3. Jeremy's teacher and therapists would keep daily and monthly graphs of Jeremy's progress toward goals listed on Jeremy's hab plan.

The collection of daily and monthly data helped the ICF/MR meet its legal requirements, but transferring data from public school data sheet to those used by the ICF/MR was a time-consuming task.

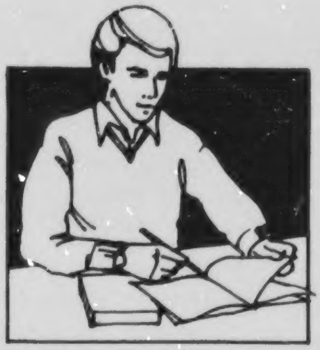
The school principal, Jeremy's teacher, and the ICF/MR administrator decided that a common recording form would substantially reduce the paperwork involved. The three also discussed the possibility of combining the annual IEP and hab plan reviews into one meeting and coordinating the writing of short-term objectives.

All of these coordination procedures are currently in effect. They ensure that Jeremy:

1. receives sufficient food to maintain his body weight;
2. receives sufficient liquids to prevent dehydration;
3. remains free of bowel and urinary complications;
4. receives the repositioning he needs to prevent bed sores and associated infections;
5. is guaranteed coordinated, mutually reinforcing services.

The school principal, teacher, and other professional staff realize that they are not legally required to help the ICF/MR meet its regulations, but they also believe that, in Jeremy's case, coordinated care and training are essential to his well-being and development.

YOU MAY NOW TAKE YOUR POSTTEST THAT STARTS ON THE NEXT PAGE. ☞



On a separate sheet, answer these questions without skipping back through the module or looking ahead to the answers. Then check your answers with those that follow the posttest to find out which parts you should review. Review those parts for any answers you missed and, for related information, look in A Resource Manual for the Development and Evaluation of Special Programs for Exceptional Students, Vol. III-J: Interagency Service Plans for Profoundly Mentally Handicapped.

1. How many HRS districts does Florida have?

2. How many county school districts are there?

3. How many school districts are in the largest HRS district? The smallest?

4. The organizational structures of Florida's public school system and HRS are different. Which structure places more responsibility at the local level?

5. Federal laws may lead to the creation of federal ____and state ____.

6. Which of the following abbreviations refer to state laws and rules?
   a. P.L. b. F.S. c. CFR d. FAC e. SBER

7. Laws regarding the education of handicapped students; services to the developmentally disabled; HRS residential facilities; and ICF/MRs affect different agencies, but they can all apply to ____________.

8. Federal and state laws require local school districts to develop written service plans. Which plans would these students have?
   a. A PMH student enrolled in public school who is not an HRS client
   b. A PMH student who is an HRS client
   c. A PMH student who is an HRS client and who lives in an ICF/MR

9. All of these plans must be reviewed at least _______.

10. Which plans must be reviewed--
    a. Every 6 months?
    b. Every 3 months?
    c. Every month?

11. Both IEPs and hab plans must contain long-term __________. Both the public school system and HRS interpret "long-term" as _____ ☛

12. Which plan must be written on a standardized form?

13. ICF/MRs use two written documents to fulfill the legal requirements for a "written plan of care." What are these two documents?

14. Which plan(s) must indicate all services to be provided?

15. What is a Qualified Mental Retardation Professional (QMRP)?

16. Which terms fit the following definitions:
    a. A term used in Florida law to describe children and adults who exhibit disorders or syndromes caused by retardation, cerebral palsy, autism, or epilepsy
    b. A process by which a client is assisted to acquire and maintain those life skills which enable him to cope more effectively with the demands of his condition and environment and to raise the level of his physical, mental, and social efficency. It includes, but is not limited to, programs of formal structured education and treatment [S. 393.063(14), F.S.]
    c. An individualized prescriptive plan written by an interdisciplinary team of ICF/MR service providers to implement an ICF/MR client's habilitation plan.
    d. Those HRS staff members and service providers who meet to develop and review a habilitation plan for a Developmental Services client.

17. "Outside professional team members" are required to attend one type of annual review. Which one?

18. Which of the following cooperative procedures do state and federal laws permit?
    a. Development of single service plan for HRS school districts
    b. Agreement on service plan goals and objectives
    c. Sharing of service plan documents with parental permission
    d. Joint reviews of service plans
    e. Coordination of educational and training activities

ANSWERS TO POSTTEST	OBJECTIVE
1. 11	1
2. 67	1
3. 16; 1	1
4. public school system	1
5. regulations; laws	2
6. b; d; e	2
7. PMH students	2
8. a. an IEP	2
b. an IEP and a hab plan	
c. an IEP, a hab plan, and an ATP	
9. annually	2
10. a. hab plan	2
b. hab plan for ICF/MR residents	
c. hab plan for ICF/MR residents	

☞

	ANSWERS TO POSTTEST, CONT.	OBJECTIVE
11.	goals; annual	2
12.	HRS hab plan	2
13.	The HRS hab plan and the Active Treatment Plan	2
14.	IEPs and hab plans	2
15.	The professional in an ICF/MR who is responsible for the management of residents' programs	3
16.	a. Developmentally disabled b. Habilitation c. Active Treatment Plan d. Habilitation Planning Committee	3
17.	The hab plan annual review for an ICF/MR resident	4
18.	a; b; c; d; e	4

PREVIEW

You are now half way through this training program. The objectives in the coming module concentrate on the different documents used in serving planning for PMH students. But before you move ahead, pause to look over this summary of some of the key concepts you have already learned from modules 1 and 2.

☑ The profoundly mentally handicapped (PMH) students served by Florida's public school system are children and youth who--

- are pre-kindergarten and school-aged
- have a measured intelligence that generally falls below 5 or more standard deviations below the mean
- have intellectual and adaptive behaviors that are profoundly impaired
- exhibit adaptive behavior that falls below age and cultural expectations
- need special instruction or special education services

☑ Although school district and DOE personnel most often use the acronym PMH, HRS personnel have other acronyms for the same population, such as MR (mentally retarded), PMR (profoundly mentally retarded) and DD (developmentally disabled).

☑ BEES is the organizational unit within the DOE that is responsible for guiding the development of programs for exceptional students, including PMH students.

☑ Different school districts use different procedures for developing IEPs. They may follow a model that is--

- school-based;
- central-office-based; or
- based on shared decision making

☑ Different schools may use different formats for IEPs. HRS also develops IEPs for PMH clients below age 22 who are not enrolled in public school. The HRS development and review processes for IEPs are different from the procedures that local school districts use.

☑ All HRS districts are required to use the same hab plan format. This plan lists all of the services a client is to receive, including the educational program. HRS personnel often use school district IEPs for the part of the hab plan that describes educational goals and objectives for school-aged clients.

☑ Many PMH students are also HRS Developmental Services clients. These students have:

- a public school IEP that authorizes particular educational services
- an HRS hab plan that authorizes additional residential and support services
- an ATP if the student lives in a ICF/MR. The ATP is an additional plan that shows how the student's hab plan will be carried out.

☑ The organizational structures and lines of authority are different for local school districts and HRS districts. School districts have more autonomy in making decisions about policies and procedures than HRS districts do. Reporting systems within these organizations are different, as are the geographic boundaries of school and HRS districts.

☑ Federal laws and regulations and state laws and rules have established requirements for IEPs and hab plans. Many of these requirements are compatible and allow personnel of local school districts and HRS districts to coordinate the development of service plans if they choose.

☑ The IEP, the hab plan, and the ATP are related in the following ways:

- The school system IEP is a management tool that reflects all educational and related services.
- The HRS hab plan is an HRS management tool that reflects all the services the client is to receive, including education.
- The ATP is an additional management tool that describes how the services on a client's hab plan will be carried out.

☑ Both IEPs and hab plans must be periodically reviewed. The review schedules, however, are different for each plan:

- Public school IEPs can be reviewed at any time during the year to accommodate the requirements for an annual or more frequent review.

- The HRS hab plan must be reviewed every 6 months (the semi-annual review) and every 12 months before or at the anniversary date of the hab plan.

- The ICF/MR hab plan must be reviewed monthly, quarterly, and annually. The dates of these reviews are determined by the date of the client's admission to the facility.

☑ In actual practice, both local school districts and HRS continuously review student or client progress. The laws simply identify the times that the service plans must be formally reviewed and documented.

☑ Finally, the participants who are legally required to participate in service planning are different. Except for ICF/MRs that require all service providers (including those outside the facilities) to attend annual reviews, HRS and school district participants consist of personnel within each agency and the parents or guardians of students or clients.

☑ Do you feel comfortable with this checklist of what you have already covered? If not, review the concepts that are not quite clear by looking back at modules 1 and 2. If you feel confident that you understand these concepts, move on to your list of objectives for this module.

OBJECTIVES

Recognize--

1. The planning processes for IEPs and hab plans.
2. Differences in the number of required service plan reviews and the scheduling of these reviews.
3. Components of the different service plans.
4. Relationships among the different service plans for PMH students.

☑ Check your knowledge about the PARTNERS IN PLANNING objectives for Module 3 by writing answers to the pretest questions on a separate sheet.

☑ Check your answers against the ones that follow the test.

☑ Mark the questions you missed and use your results to decide which parts of Module 3 will require most of your time and effort.

QUESTIONS:	REFERENCE PAGES
1. The planning processes for developing IEPS and hab plans follow the same basic cycle. The second step in this cycle would be to implement the service plan. What would steps 1, 3, and 4 be?	62
2. Florida and federal laws require at least annual review of IEPs. When may these reviews take place?	63
3. A PMH student's IEP must be in effect at the beginning of every ____.	63
4. When are annual reviews of hab plans generally scheduled?	63
5. In ICF/MRs, monthly reviews of ______ and ______ are often combined.	63
6. When changes are needed in a Developmental Services client's hab plan, the social worker assigned as case manager must make an _____ to the hab plan.	63
7. Developmental Services has other plans for clients in addition to the hab plan and the ATP. When would a client have an HRS IEP?	66
8. Would a PMH student ever have both a public school IEP and an HRS IEP? Why or why not?	66
9. Which part of the hab plan does the public school IEP relate to?	76
10. Does a public school IEP have to address the same skill areas as those listed on the hab plan? Why or why not?	76

REFERENCE PAGES

11. Write "IEP," "HP" (for hab plan), or "both" to indicate which plan(s) must include the following:

    a. present level of performance 65; 69

    b. annual goals for student progress 75

    c. specific services to be provided 75

    d. a time-line for the accomplishment of goals and objectives 75

12. Which of the following assessments must be included on a hab plan? 69

    a. psychological

    b. medical

    c. basic academics

    d. type of residential setting required

    e. the client's ability to give consent

13. Does HRS have to provide all of the services indicated on a client's hab plan? 74

14. Which of the following have to sign the hab plan? 74

    a. the hab plan committee chairperson

    b. the social worker

    c. the client

    d. the parent or guardian

    e. others attending the meeting

15. What does the Certificate of Eligibility page of the hab plan refer to? 72

16. The Medicaid Information page of the hab plan indicates a client's eligibility for which type of residential placement? 71

☞

REFERENCE PAGES

17. Which of the following plans list short-term objectives _and_ teaching strategies? 76-77

    a. IEP

    b. hab plan

    c. Implementation plan

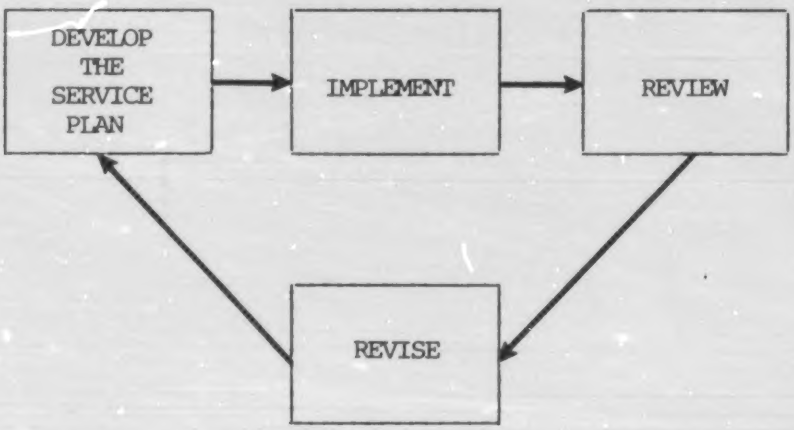
    d. ATP

ANSWERS TO PRETEST QUESTIONS

1. Step 1: Develop the plan; Step 3: Review; Step 4: Revise
2. Any time during the calendar year, up to the anniversary date of the IEP.
3. school year
4. As close to the anniversary date of the hab plan as possible.
5. hab plans; ATPs
6. addendum
7. When the client is below age 22 and is receiving educational services through HRS.
8. No. Only the agency providing educational services perpares a student's IEP.
9. Section C of the hab plan's measurement categories, which appear on the Evaluation/Goals page of the hab plan.
10. No. The laws relating to the two documents do not require that the same skill areas be addressed.
11. a. both
    b. both
    c. both
    d. both
12. a-e are all required assessments
13. No. The hab plan must list all the services a client needs, but HRS is not required to provide services when resources for these services are not available.
14. a-e must all sign the hab plan
15. a client's eligibility to be classified as developmentally disabled
16. ICF/MR
17. c; d

Objective 1: Recognize the planning process for IEPs and hab plans.

The planning procedures for IEPs and hab plans follow the same cycle:



Because different agencies carry out these procedures and follow different regulations, the exact processes used and schedules for these procedures may be different. The cycle, however, is the same.

Objective 2: Recognize differences in the number of required service plan reviews and in the scheduling of these reviews.

Do you remember the different legal requirements for service plan reviews?

IEP	Hab Plan	ICF/MR Hab Plan
annual review	annual review	annual review
	semi-annual review	
		quarterly review
		monthly review

In addition to these differences, there are differences in the ways these reviews are scheduled.

- The annual review of IEPs may be scheduled any time during the calendar year or at the anniversary date of the IEP. Whatever the date, an IEP must be in effect at the beginning of each school year. Because of this flexibility, some schools schedule IEP reviews each year in April or May. Other schools prefer to schedule these meetings month-to-month throughout the year.

- Annual reviews of HRS hab plans generally are scheduled as close to the anniversary date as possible (they may also be earlier). The semi-annual reviews generally take place six months after the initiation date on the hab plan. Because clients may enter the Developmental Services Program at any time, annual and semi-annual reviews are scheduled for different students every month.

Regulations affecting ICF/MRs require that these facilities review their hab plans and ATPs every month. To simplify scheduling, hab plan and ATP meetings are often combined.

EXPLORATION 1: What do you know about annual reviews?

1. When are annual reviews of IEPs conducted in your school (or the schools in your district)? Are they conducted every month, over a period of four or five months, or during April or May?
2. Who usually participates in these reviews?
3. What arrangements are made to prepare for these meetings?
4. Are the hab plan reviews for your PMH students held at the school or elsewhere?
5. Does anyone from the school go to these meetings? Why or why not?

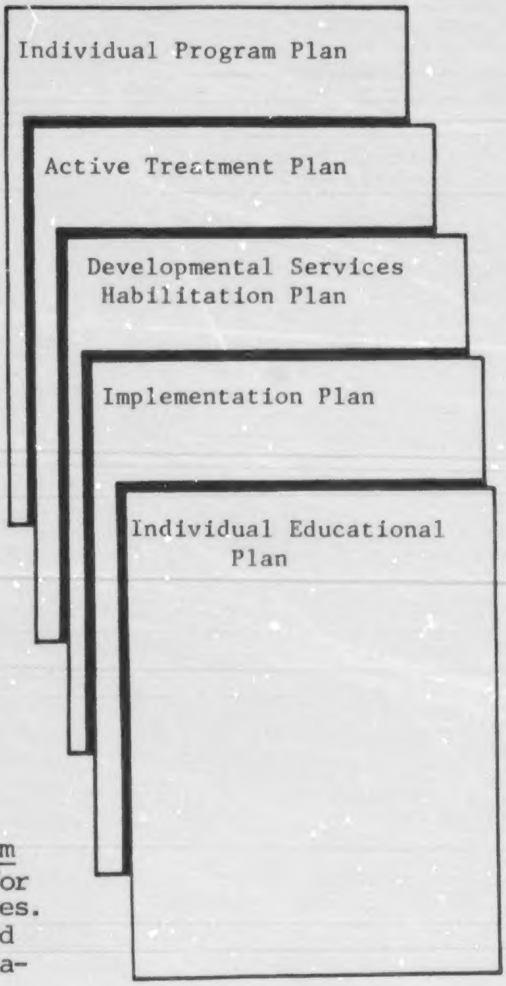
NOTE: Sometimes reviews of IEPs result in changes of annual goals, short-term objectives, or services to be provided. When this happens, the HRS social worker will want to add an addendum to the student's hab plan. A phone call to the PMH student's case manager will set this HRS process in motion.

Objective 3: Recognize components of the different service plans.

You might now be asking yourself, "What can local school systems and HRS do to give more continuity to the review process for PMH students?" One major step in the right direction is to have personnel become familiar with the components of IEPs, hab plans, and ATPs. This knowledge will help staff members understand how the various components affect educational services and how a school's educational services tie in with the other services a PMH student receives.

So, let's review the purposes and basic content of school district and HRS planning documents.

- The IEP is the service planning document that specifies educational goals, objectives, and related services to meet needs identified through assessment and evaluation of the PMH student's present performance and capabilities.
- The Implementation Plan is the document that outlines the specific instructional sequences to be followed in the delivery of educational services listed on the IEP.
- The hab plan is the service planning document that specifies goals and services to meet needs identified through assessment and evaluation of the PMH student's present performance and capabilities.
- The Active Treatment Plan is the individualized plan used in ICF/MRs that outlines short-term objectives to be achieved in the delivery of services listed on the resident's hab plan.
- The HRS IEP and IPP (Individual Program Plan) are other implementation plans for clients receiving different HRS services. These plans are not for PMH school-aged students and do not affect the coordination of IEPs and hab plans.


Individual Program Plan
Active Treatment Plan
Developmental Services Habilitation Plan
Implementation Plan
Individual Educational Plan

Now let's review the legally required components of an IEP and see where these are found on a sample form. SBER 6A-6.331 and P.L. 94-142 require that an IEP contain statements or verification of:

- Present level of performance
- Annual goals
- Short-term objectives
- Specific educational services to be provided
- Related services to be provided
- Date services will begin
- Objective criteria
- Evaluation procedures and schedules
- Attendance by school district representative, parent(s), student, teacher, and evaluation specialist

EXPLORATION 2: What are the components of an IEP?

WRITE THE ANSWERS TO THE FOLLOWING QUESTIONS ON A SEPARATE SHEET OF PAPER. DO NOT WRITE IN THIS BOOK.

1. Look at the sample IEP on pages 67-68, which has different sections numbered. Find the section that shows each of the following:

   a. present level of performance

   b. annual goals

   c. short-term objectives

   d. specific educational and related services to be provided

   e. date services will begin

   f. duration of services

   g. objective criteria

   h. evaluation procedures and schedules

   i. attendance by a school district representative, parents, student, teacher, and evaluation specialist ☞

EXPLORATION 2, CONTINUED

2. What other information is included on the sample IEP that is not legally required?

3. If 5 annual goals were written for a PMH student, at least how many pages would the IEP have?

4. Local school districts may not have IEP formats just like the sample. How is the IEP used by your school district different from the sample?

The following questions regarding IEPs are answered for you. Do not write anything down, but think of your own answer before looking at the responses.

Q. When would a PMH student have an HRS IEP?

A. When the student is under age 22 and is not receiving educational services from a local school system.

Q. Are school system and HRS IEPs the same?

A. Both must contain the same legally required information. The ways in which the two agencies develop and use their IEPs vary, however.

Q. Would a school-aged PMH student have both a public school IEP and an HRS IEP?

A. No. A school-aged student will have only a public school IEP. HRS may provide educational services for their clients unless the local school district is providing these services.

Student Name
Student ID# DOB
Current Assignment

DATES
Initial IEP /
Current IEP /
IEP Review /

FLORIDA
INDIVIDUAL EDUCATIONAL PLAN

EXCEPTIONAL EDUCATION ASSIGNMENT(S):	INITIATION DATE	ANTICIPATED DURATION	PERSON RESPONSIBLE
①	④	⑤	⑥
(Location / Program / Organization / Time)			
RELATED SERVICES:			
②			

EXTENT TO WHICH STUDENT WILL PARTICIPATE IN BASIC OR VOCATIONAL EDUCATION:

Subject	hours/% of time	Subject	hours/% of time

Vocational Education
Physical Education ___Regular ___Adaptive

USE OF DOUBLE BASIC COST FACTOR FOR FULL-TIME STUDENTS: (Specify required special aids, services, or equipment)

IN ATTENDANCE AT IEP MEETING:

	Signature	Date	Signature	Date
LEA Representative (Title:)		/		/
Parent(s), Guardian(s) or Surrogate Parent(s)				
Student	③			
Teacher(s)				
Evaluator(s)				
Other(s)				

PERFORMANCE OR SUBJECT AREA: ⑦

PRESENT LEVEL:

ANNUAL GOAL: ⑧

Student Name____________________

Student ID#____________________

Exceptional Education Assignment__________

SHORT-TERM INSTRUCTIONAL OBJECTIVES	EVALUATION OF SHORT-TERM INSTRUCTIONAL OBJECTIVES		
	Criterion for Mastery	Evaluation Procedures and Schedule to be used	Results/Date
⑨	⑩	⑪	⑫

EXPLORATION 3: What are the components of a hab plan?

LOOK OVER THE FOLLOWING PAGES OF AN HRS HAB PLAN (SEVERAL INSTRUCTIONAL PAGES HAVE BEEN LEFT OUT) AND LOCATE THESE LEGALLY REQUIRED COMPONENTS:

- A statement of the client's eligibility for services
- A statement of the client's present performance level
- Annual goals and services needed
- The client's assessment in specific categories such as psychological, medical, basic academics, type of residential setting required, and ability to give consent
- Projected assessment dates
- Attendance by the client
- Attendance by the client's parent or guardian

You did not find specific references to psychological, medical, and academic assessments. When a hab plan is completed, these assessments appear on the evaluation/goals page in one of four measurement categories. These categories are:

Section A

- psychological
- psychosocial
- medical
- dental
- nursing
- physical therapy
- occupational therapy
- leisure-time activities

Section B

- justification of recommended residential setting
- long-range optimal plan

Section C

- Basic academic skills
- Self-care skills
- Daily living skills
- Human growth and development
- Communication skills
- Social skills
- Motor skills
- Job-related skills

Section D

- Ability to give informed consent to receive the services described on the hab plan

DISTRICT _____
DEVELOPMENTAL SERVICES PROGRAM HAB PLAN
DEMOGRAPHIC DATA

Current Hab Plan Date__________
Reassessed Date __________
Reassessed Date __________
Projected Full HPC Date________

1. Name______________________________ 2. SS#______________________________

3. Mailing Address________________________ 4. Medicaid #________________________

6. Guardian/ Next-of-Kin________________________ 5. Date of Birth_______CA________

7. Address____County__________

8. Primary Disability:

______Autism

______Cerebral Palsy

______Epilepsy

______High Developmental Risk

______Mental Retardation

9. Secondary Disability:

____

____

____

____

____

10. Legal Status_____________________________State of Residency______________________

11. Eligible for Services: 393, Florida Statutes ___Yes___No
Public Law 95-602 ___Yes___No

12. Social Worker____

13. HPC Chairperson____

14. Current Residence Type____

15. Recommended Residence Types: 1.________________ 2.____________________

16. Authorized Level of Care: Optimal ☐ Interim ☐

Foster Care	Group and RHC	ICF/MR Level of Care
______Minimal	_____A	_______
______Moderate	_____B	
______Intensive	_____C	
	_____D	
	_____E	

17. Level of Care Approved ☐ Denied ☐

______________________________ ______
UC Coordinator Date

Page 1 of __ Pages

HRS-DS Form 3033A, Sep 82 (Obsoletes previous editions) Page A

MEDICAID INFORMATION SHEET

Name:______________________________ Medicaid #________________ Date:________

I. Categorical Eligibility:

I.Q.____ Date of Test:__________ I.Q. scores may fluctuate, but do not affect services. The score is used only for eligibility determination.

Physical Handicap(s):____

Behavioral Problem(s):_______________________________________

II. Client is SSI eligible and in need of:

1. Active ICF/MR Treatment in accordance with Chapter 10D-38, F.A.C. ☐ ____________________________
Physician or Psychologist

III. If II (1.), above is checked Level of Care Required (Refer to Definition on reverse side of page)

____1. Developmental/Residential.

____2. Developmental/Institutional.

____3. Developmental/Non-ambulatory.

____4. Developmental/Medical.

IV. Self Administration of Medication:

(This item must be completed regardless of whether the client takes medication at present or not.)

____1. Capable of self-administration of medication.

____2. Not capable of self-administration of medication.

Chairperson or Physician Signature: ______________________________

V. If recommended placement is interim for this 12 month period, justify, then specify optimal placement.

____

____

Page 2 of ___ Pages

HRS-DS Form 3033B, Sep 82 (Obsoletes previous editions) Page B

DISTRICT ____

DEVELOPMENTAL SERVICES PROGRAM HABILITATION PLAN
CERTIFICATE OF ELIGIBILITY
P.L. 95-602

Name ________________________ SS# ________________ Date ____________

The above-named client has received an interdisciplinary evaluation and the results of the evaluation substantiate that

(I) The client is at risk of becoming developmentally disabled; the physician's statement is attached ____YES ____NO
(If this is checked "YES" it is not necessary to complete (II) through (VI).)

(II) The client has a chronic disability which is attributable to a mental or physical impairment or a combination of both ____YES ____NO

(III) Manifested before the person attained twenty-two years of age ____YES ____NO

(IV) Will likely continue indefinitely ____YES ____NO

(V) Will result in substantial functional limitations in three or more of the following areas of major life activity:

1. ____Self-Care
   - ____ Eating-Drinking
   - ____ Hygiene
   - ____ Grooming
2. ____Receptive and Expressive Language
   - ____ Receptive
   - ____ Expressive
3. ____Learning
   - ____ Cognition
   - ____ Retention
   - ____ Pre-Academic Skills
   - ____ Academic Skills
4. ____Economic Self-Sufficiency
   - ____ Pre-Vocational/Vocational Skills
   - ____ Job Finding
   - ____ Work Adjustment
5. ____Mobility
   - ____ Movement
   - ____ Gross Motor Control
   - ____ Fine Motor Control
6. ____Self Direction
   - ____ Interpersonal/Family Relations
   - ____ Initiative
7. ____Capacity for Independent Living
   - ____ Housekeeping
   - ____ Money Management
   - ____ Health and Safety
   - ____ Using Community Resources

(VI) The individual's disability (does) (does not) reflect a need for a combination and sequence of special, interdisciplinary or generic care, treatment, or other services which are either lifelong or of an extended duration

(VII) The client is eligible. ____YES____NO

____

HPC Chairperson

EVALUATION/GOALS

NAME ______________________ SS# ____________ DATE ________

EVALUATION	GOAL

Page___of___Pages

HRS-DS Form 3033C, Sep 82 (Replaces May 80 edition which may be used) Page C

SIGNATURE PAGE

Name ______________________________ SS# ______________

______	______________________________	
Date	HPC Chairperson.	Title
______	______________________________	
Date	Social Worker	

signature of Others Who Attended HPC Meeting:

Date	Name	Title	Agency
Date	Name	Title	Agency
Date	Name	Title	Agency
Date	Name	Title	Agency
Date	Name	Title	Agency
Date	Name	Title	Agency

______ Date ______________________ Client

______ Date ______________________ Parent/Guardian

Reassessed ______________ Case Manager ______ Date

Reassessed ______________ Case Manager ______ Date

Distribution List

______ Date Sent Client

______ Date Sent Home District

______ Date Sent Parent/Guardian

______ Date Sent Residential Vendor

Others:

Date Sent	Name	Title	Agency
Date Sent	Name	Title	Agency
Date Sent	Name	Title	Agency

The purpose of this habilitation plan is to identify and prescribe all of the physical, social, emotional, and cognitive needs of the client, without regard to the availability of the services or the resources to fund them. The delivery of the services depends on whether the services and the funds are available.

Page ___ of ___ Pages

HRS-DS Form 3033D, Sep 82 (Obsoletes previous editions)

Page D

82

Now, use the sample hab plan to answer the following questions. You do not need to write your answers down.

1. Is the hab plan longer or shorter than an IEP? Why do you suppose this is so?
2. What types of residential facilities are mentioned on page B?
3. On page B, what do "developmental/residential" and "developmental/medical" refer to?
4. Find the page that refers to the client's classification as developmentally disabled. What kinds of impairment must the person have?
5. What is the stated purpose of the hab plan (page D)?
6. Does HRS have to provide all of the services indicated on the hab plan (page D)?
7. Who receives copies of the hab plan (page D)?

Objective 4: Recognize the relationships among the different service plans for PMH students.

EXPLORATION 4: How are IEPs and Hab plans related?

USE THE SAMPLE IEP ON PAGES 67-68 AND THE SAMPLE HAB PLAN ON PAGES 70-74 TO ANSWER THE FOLLOWING QUESTIONS. DO NOT LOOK AT AN ANSWER UNTIL YOU HAVE THOUGHT OF YOUR OWN RESPONSE.

Q. How are IEPs like hab plans?

A. - *Each must include:*

  1. *Annual goals for student or client progress*
  2. *Specific services to be provided*
  3. *A time-line for the accomplishment of goals and objectives*

  - *Each must be developed by an interdisciplinary team*
  - *Each must be reviewed at least annually*

Q. How does the information on a public school IEP relate to the information on a hab plan?

☞

EXPLORATION 4, CONTINUED

A. *An IEP lists all of the educational related services a PMH student is to receive, along with annual goals for student progress. HRS considers measurement category C the "educational" part of the hab plan. For clients enrolled in public school, HRS typically uses the public school IEP to represent Section C except when the client resides in an ICF/MR facility. An IEP may not address exactly the same skill areas listed under Section C, however, because local school systems are not legally required to divide the IEP into the same categories.*

IEP

All educational and related services

HAB PLAN

Section C

- Basic academic skills
- Self-care skills
- Daily living skills
- Human growth and development
- Communication skills
- Social skills
- Motor skills
- Job-related skills

After an IEP is developed, public school teachers use the annual goals and short-term objectives on the IEP and may develop an implementation plan for the student.

IEP ⇨

IMPLEMENTATION PLAN

The implementation plan outlines the instructional sequences and sequential steps to be used in achieving the short-term instructional objectives listed on the student's IEP. Each discipline provides a separate implementation plan for the same student.

A public school implementation plan has no required format, so teachers and therapists devise their own forms on which they list instructional sequences and steps.

A PMH student who lives in an ICF/MR will also have an ATP similar to a public school implementation plan. An ATP includes short-term objectives that address each annual goal on the hab plan. It also documents training methods and activities to be used.

HAB PLAN ⇨

ATP
(only for ICF/MR residents)

The ATP generally includes:

- Short-term objectives related to the annual goals on the client's hab plan
- The staff persons responsible for conducting the training activities
- The initiation and duration dates for service delivery
- The dates that short-term objectives are to be achieved

Like implementation plans, ATPs are not standardized, although Developmental Services recommends the format on the following page.

ACTIVE TREATMENT PLAN

NAME: ____________________________

SKILL AREA: ________________________

Implementation Date ________________

Projected Completion Date ___________

Habilitation Plan Goal	Short Term Objective	Service Provider (Name and Title)	Actual Completion Date

Each discipline serving an ICF/MR client develops its own ATP, and thus a PMH student will have an ATP consisting of multiple pages. ICF/MR staff then develop an implementation plan called a training record or program record for each client.

You have seen that the public school implementation plan outlines the instructional sequences and steps a teacher or therapist will use to achieve the short-term objectives listed on a student's IEP. How are these elements similar to those of an ATP?

For more information about similarities among the public school and HRS service plans, consult page 63 of your resource manual. There you will find a chart that displays similarities and differences in requirements for:

- present levels of performance
- annual goal statements
- short-term objectives
- criteria and evaluation procedures
- initiation and duration dates
- special education

In your review of the chart, did you identify the following relationships? If not, re-examine the chart.

COMPONENT	RELATIONSHIP
Present Levels of Performance	School districts and HRS differ in the assessments and programs they conduct, but both the IEP and the hab plan include assessments of present levels of student performance. ADDITIONAL INFORMATION: An IEP's statements: • concentrate on educational performance • briefly summarize capabilities and skill levels • refer to curriculum categories such as "self-help" • vary in specificity and measurability A hab plan's statements: • include sections on psychological, psychosocial, medical, dental, nursing, and educational categories

COMPONENT	RELATIONSHIP
Present Levels of Performance, Cont.	• must be in readily understandable terms • cite the assessment tools used (with some exceptions) • describe behaviors and limits on functioning
Annual Goals	Both IEPs and hab plans specify annual goals, but in different areas. ADDITIONAL INFORMATION: Annual goals on both plans: • Ensure adequate planning • must reflect reasonable expectations for a student's performance at the end of one year • Indicate skill areas or subjects (IEP) or measurement categories (hab plan) • Are stated in measurable (IEP) and behavioral (hab plan) terms. Service goals, which describe services (such as dental exams) rather than expected changes in behavior, are exceptions. • are not written in consistent formats
Short-term Objectives	Whereas IEPs and ATPs include short-term objectives, the hab plan includes only annual goals and services expected. ADDITIONAL INFORMATION: Short-term objectives for the IEP are steps that lead toward the annual goal. The public school implementation plan and the ATP list skills in developmental order. This helps personnel decide the sequence of instruction.
Criteria and Evaluation Procedures	The IEP and ATP both must specify criteria for evaluation. The ATP also specifies date of mastery; the IEP does not. The IEP must include evaluation procedures and a schedule for reassessment; the ATP does not.

COMPONENT	RELATIONSHIP
Criteria and Evaluation Procedures, Cont.	ADDITIONAL INFORMATION: The criteria specified on an ATP may include evaluation procedures, just as the initiation and expected completion dates on the IEP are like the date of mastery to be specified on the ATP.
Initiation and Duration Dates	The date education or training will begin is required for both IEPs and ATPs. The ATP also requires a mastery date, which is like the expected completion date for an ATP.
Special Education Regular Education Vocational Education	Only the IEP requires statements of the amount of time the student will spend in different types of educational programs.

SELF-CHECK EXERCISE

Write your answers to these questions on a separate sheet. Check your answers with those that come after the questions.

1. The planning procedures for IEPs and hab plans follow the same cycle. What are the four steps in this cycle?

2. School district A schedules meetings to review the IEPs for all of their PMH students in April and May. School district B schedules these meetings for different PMH students from month to month throughout the year. Which school district follows acceptable practice?

a. School district A c. Both A and B

b. School district B d. Neither A nor B

3. Public school and Sunland Center staff decide to schedule IEP and hab plan reviews to coincide. Is this good practice? Why or why not?

4. Which of the following statements are correct?

   a. The laws require that IEPs be reviewed annually and semi-annually.

   b. ICF/MRs must review their hab plans annually, semi-annually, and quarterly.

   c. HRS hab plans must be reviewed annually and semi-annually.

   d. IEPs must be reviewed annually.

   e. IEPs must be reviewed quarterly.

   f. ICF/MR hab plans must be reviewed annually, quarterly, and monthly.

5. For each component listed below, write IEP, IP (Implementation Plan) HP, or ATP on your paper to indicate which plans include the component.

   a. Student identification information

   b. Annual goals

   c. Educational services to be provided

   d. Related services to be provided

   e. Residential placement

   f. Instructional sequences to be followed

   g. Present levels of performance

   h. Short-term objectives

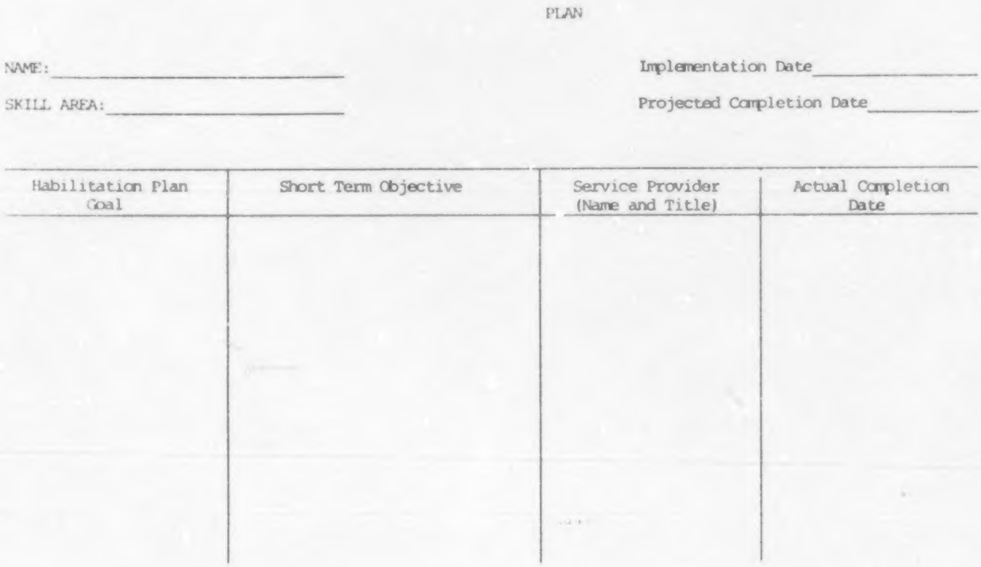
   i. Evaluation procedures

   j. Classification as developmentally disabled

   k. Signature of parent or guardian

6. Write IEP, HP, or ATP on your paper to indicate the type of plan shown.

a.



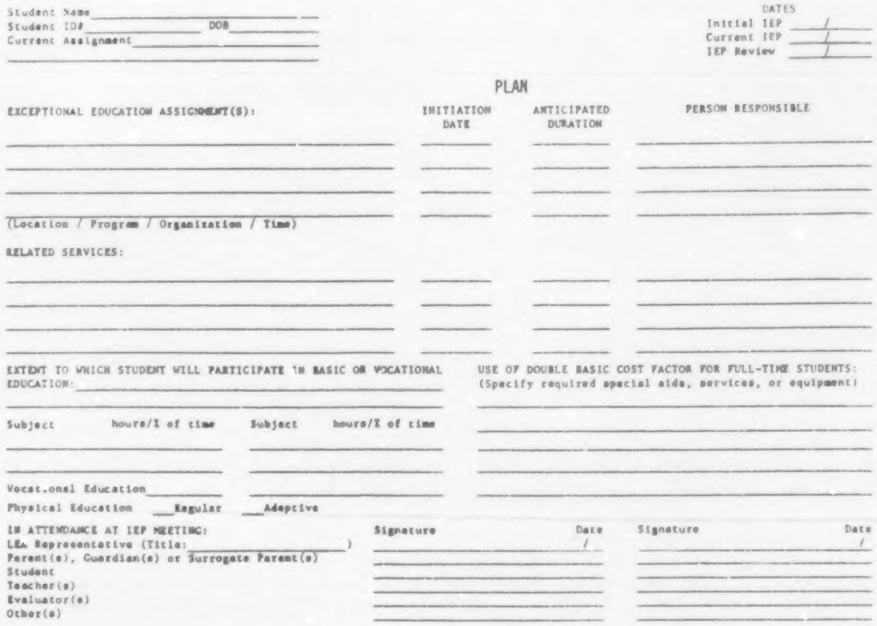
PLAN

NAME: ____________________ Implementation Date ____________

SKILL AREA: ____________________ Projected Completion Date ________

Habilitation Plan Goal	Short Term Objective	Service Provider (Name and Title)	Actual Completion Date

b.



Student Name ____________________
Student ID# ____________ DOB ________
Current Assignment ______________

DATES
Initial IEP ___/___
Current IEP ___/___
IEP Review ___/___

PLAN

EXCEPTIONAL EDUCATION ASSIGNMENT(S):	INITIATION DATE	ANTICIPATED DURATION	PERSON RESPONSIBLE
(Location / Program / Organization / Time)			
RELATED SERVICES:			

EXTENT TO WHICH STUDENT WILL PARTICIPATE IN BASIC OR VOCATIONAL EDUCATION: ____________________

Subject	hours/% of time	Subject	hours/% of time

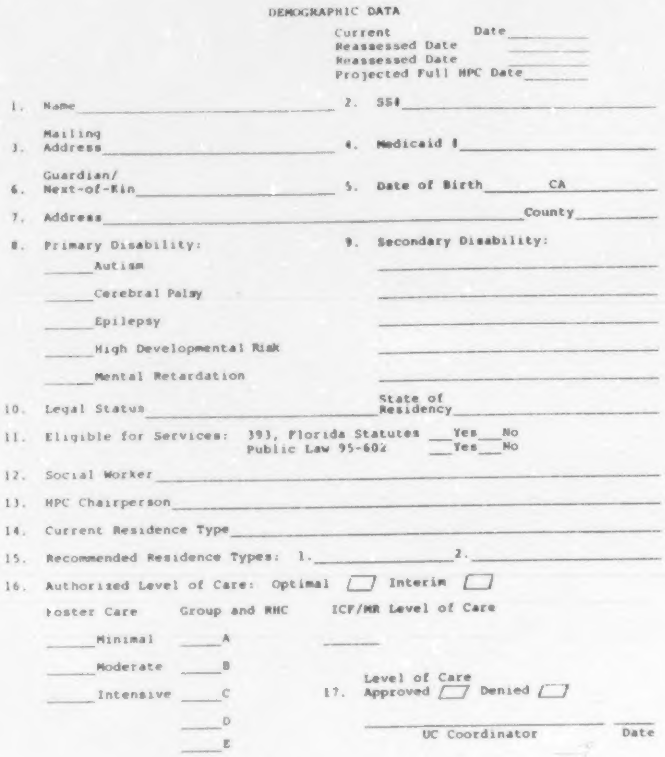
Vocat.onal Education ________

Physical Education ___Regular ___Adeptive

USE OF DOUBLE BASIC COST FACTOR FOR FULL-TIME STUDENTS: (Specify required special aids, services, or equipment)

IN ATTENDANCE AT IEP MEETING:	Signature	Date	Signature	Date
LEA Representative (Title: ____________)		/		/
Parent(s), Guardian(s) or Surrogate Parent(s)				
Student				
Teacher(s)				
Evaluator(s)				
Other(s)				

c.



DEMOGRAPHIC DATA

Current Date ____
Reassessed Date ____
Reassessed Date ____
Projected Full MPC Date ____

1. Name ____ 2. SS# ____

3. Mailing Address ____ 4. Medicaid # ____

6. Guardian/ Next-of-Kin ____ 5. Date of Birth ____ CA ____

7. Address ____ County ____

8. Primary Disability:
____ Autism
____ Cerebral Palsy
____ Epilepsy
____ High Developmental Risk
____ Mental Retardation

9. Secondary Disability:
____
____
____
____
____

10. Legal Status ____ State of Residency ____

11. Eligible for Services: 393, Florida Statutes ___Yes ___No
Public Law 95-602 ___Yes ___No

12. Social Worker ____

13. MPC Chairperson ____

14. Current Residence Type ____

15. Recommended Residence Types: 1. ____ 2. ____

16. Authorized Level of Care: Optimal ☐ Interim ☐

Foster Care	Group and RHC	ICF/MR Level of Care
____ Minimal	____ A	____
____ Moderate	____ B	
____ Intensive	____ C	
	____ D	
	____ E	

17. Level of Care Approved ☐ Denied ☐

____ UC Coordinator ____ Date

7. Which statements describe the major relationships between IEPs, hab plans, and ATPs?

   a. School districts and HRS agencies have the same assessment procedures and instruments for determining a student's present level of performance.

   b. The content areas for assessment are different for the IEP and the hab plan because IEPs concentrate on educational performance, while hab plans concentrate on psychological, medical, and other habilitative categories.

   c. Components of IEPs overlap with some components of hab plans and ATPs.

   d. IEPs and ATPs include short-term objectives for the referenced subject or skill areas.

   e. IEPs, hab plans, and ATPs all have goal statements that are intended to express reasonable expectations for the student's progress in a 12-month period.

Answers to self-check:

1. (1) develop the plan;
   (2) implement;
   (3) review;
   (4) revise
2. c
3. Yes. Scheduling these meetings together helps staffs coordinate goals and objectives on the two plans and reduces the number of meetings for the student and the student's family.
4. c; d; f
5. a. IEP, IP, HP, ATP
   b. IEP, HP, ATP
   c. IEP, HP
   d. IEP
   e. HP
   f. IP, ATP
   g. IEP, HP
   h. IEP, IP, ATP
   i. IEP, HP
   j. HP
   k. IEP, HP
6. a. ATP
   b. IEP
   c. HP
7. b; c; d; e

The last and possibly most important question that might have been added to your self-check is: "How can a knowledge of service plan components help teachers and other professionals ensure a PMH student's progress in education and other life skills?

The following case example is a fictional representation of how one student's services were improved through a sharing of information found on service plans.

GLORIA

Gloria is a 5-year-old girl living in a large HRS residential facility. Her movements are stiff and spastic, and she lies in a reclining wheel chair, unable to care for her basic needs. She must be fed, toileted, and cared for by facility personnel. She cannot speak, so she is unable to let any of her needs be known to others. Gloria, however, will smile and laugh whenever her foster grandparent, a familiar staff member, or her parents come to visit her.

Gloria was born with cerebral palsy, a disorder or injury to the brain that affects the voluntary control of her muscles. Because of the increasing physical care that Gloria needed, her parents felt that they could no longer care for her adequately at home. Thus, when she was 3 years old, they placed her in the residential facility.

Gloria's parents have monitored her personal care and progress on a regular basis throughout the last 2 years. They attend the semi-annual and annual hab plan meetings, which are required by the state facility. At these meetings, Gloria's hab plan is reviewed and revised. Gloria's current plan lists her priority needs and those responsible for meeting those needs:

1. self-care--unit staff
2. physical therapy--physical therapy staff
3. medical needs--medical staff
4. educational needs--public school staff

At age 4, Gloria began school in a community-based, public pre-school program for the profoundly physically and mentally handicapped. Each year the school has an IEP meeting which is attended by Gloria's parents, a school district representative, an HRS staff member, a teacher, a physical therapist, an occupational therapist, and a speech therapist. Gloria's priority educational goals for this year are a toilet training program; a physical therapy program to prevent further physical deformities; an oral musculature program to increase proficiency in eating skills; and a speech therapy program to develop basic and functional communication.

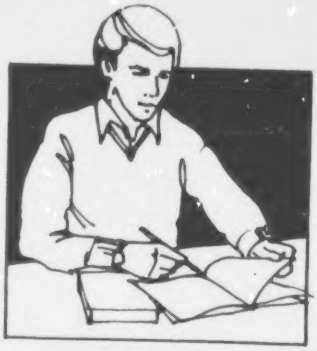
Each school term, Gloria's teacher attends the annual hab plan review held at the facility. At these meetings, she provides facility staff with a copy of Gloria's IEP and reviews Gloria's progress during the preceding year. The teacher discusses specific IEP objectives and answers any questions related to Gloria's public school program.

At this year's meeting, she reported that Gloria was responding to her toilet training program with the use of a specially adapted toilet chair. The teacher noted that Gloria's new skill was being transferred to her living unit through access to a similar toilet chair. She indicated that Gloria had also improved her eating skills (she was eating diced, instead of ground, vegetables) and had learned to indicate "yes" and "no" by looking at the appropriate symbol attached to her arm chair.

After the teacher's report, the hab plan committee determined which of Gloria's new skills were being carried over to her living unit and reinforced by facility staff.

At the meeting, the teacher learned that over the past year, Gloria had experienced an additional 10% hearing loss in her right ear. She was also told that Gloria's congenital lung disorder was requiring increased postural drainage and that she had become allergic to any type of citrus juice. The teacher used this information to ensure that the school responded to Gloria's particular health, safety, and programming needs.

YOU MAY NOW TAKE YOUR POSTTEST THAT STARTS ON THE NEXT PAGE.



On a separate sheet, answer these questions without skipping back through the module or looking ahead to the answers. Then check your answers with those that follow the posttest to find out which parts you should review. Review those parts and, for related information look in A Resource Manual for the Development and Evaluation of Special Programs for Exceptional Students, Vol. III-J: Interagency Service Plans for the Profoundly Mentally handicapped.

1. What are the four basic steps in developing IEPs and hab plans?
2. Which plans require at least:
   a. annual review?
   b. semi-annual review?
   c. annual, quarterly, and monthly review?
3. When during the year may IEPs be reviewed?
4. Generally, when are HRS hab plans reviewed?
5. ICF/MRs often combine reviews of hab plans with reviews of ________.
6. When changes in a client's hab plan are needed, the social worker must _______.
7. Which plan outlines the instructional sequences to be followed in achieving the short-term objectives listed on an IEP?
8. What is the significance of "Section C" of the hab plan?
9. Which of the following are required on both IEPs and hab plans?
   a. annual goals
   b. specific services to be provided
   c. a time-line for the accomplishment of goals and objectives
   d. Instructional or training strategies to be used in accomplishing goals and objectives
10. The hab plan must indicate that a client has been classified as _____.
11. The public school implementation plan has/does not have a required format.
12. Indicate whether each statement is true ("T") or false ("F").
    a. Both the IEP and the hab plan include assessments of present levels of student performance.

b. An IEP lists only educational and related services.
c. An IEP includes sections on medical, dental, and nursing categories.
d. The long-term goals on IEPs and hab plans are both written to extend over a one-year period.
e. An IEP must include evaluation procedures.
f. The hab plan includes statements of the amount of time a client will spend in different types of educational programs.
g. Service plans may include information not required by law.
h. ICF/MRs are mentioned on hab plans.
i. Both IEPs and hab plans must be signed by a parent or guardian.
j. The information required for hab plans and IEPs overlap in some areas.
k. HRS must provide all of the services listed on a client's hab plan.
l. Only the hab plan committee chairperson, the parent or guardian, and the client are required to sign the hab plan.
m. State and federal laws require that the educational categories on an IEP and a hab plan be the same.

ANSWERS TO POSTTEST	OBJECTIVE
1. (1) develop the plan; (2) implement; (3) review; (4) revise	1
2. a. IEP; hab plan b. Developmental Services hab plan; c. ICF/MR hab plan	2
3. Any time, as long as an IEP is in effect at the beginning of the school year.	2
4. Hab plan reviews generally are scheduled as close as possible to the anniversary date of the plan.	2
5. Active Treatment Plans	2
6. make an addendum to the hab plan.	2
7. The Implementation Plan	3
8. Section C lists measurement or skill areas that a PMH student's educational program would address (e.g., basic academic skills, communication skills, self-care skills). The public school IEP relates to this section because it addresses the student's educational skills.	4
9. a; b; c	3
10. developmentally disabled	3
11. does not have	4
12. a. T	3
b. T	3
c. F	3
d. T	3
e. T	3
f. F	3

ANSWERS TO POSTTEST, CONT.	OBJECTIVE
g. T	3
h. T	3
i. T	3
j. T	4
k. F	3
l. F	3
m. F	4

OBJECTIVES

Recognize or recall:

1. The interactive role of school and HRS districts in the educational and hab planning process.
2. The names and features of alternative methods of cooperative planning.
3. The conditions under which different methods would be appropriate.
4. The advantages and disadvantages of each method.
5. The requirements for implementation of the different methods.
6. Practical methods of planning and scheduling that can be used to carry out the methods of cooperative planning.
7. The contribution of cooperative agreements and data collection to cooperative planning.

- ☑ Check your knowledge about the PARTNERS IN PLANNING objectives for Module 4 by writing answers to the pretest questions on a separate sheet.
- ☑ Check your answers against the ones that follow the text.
- ☑ Mark the questions you missed and use your results to decide which parts of Module 4 will require most of your time and effort.

QUESTIONS:	REFERENCE PAGES
1. Which PMH children enrolling in public school will already have a service plan?	96
2. How might school system personnel use information on a new PMH student's hab plan?	96
3. Why is it important that personnel of school districts, HRS, and ICF/MRs communicate on the services they provide PMH students?	96
4. Under existing laws, rules, and regulations, which of the following methods of cooperation might a school district and an HRS district undertake?	97-98
a. One annual meeting to produce a combined hab plan.	97
b. One annual meeting to produce a separate IEP and hab plan.	97
c. Two meetings with cross-representation of school district and HRS personnel. The school district meeting would be held to produce an IEP; the HRS meeting to produce a hab plan.	97
d. Two meetings to develop separate service plans with the school district and HRS sharing information about student evaluations, present levels, and programs.	97
5. Under which of the following conditions would a joint meeting to develop one service plan be feasible?	100-101

☞

	REFERENCE PAGES
a. A high percentage of a school district's PMH students live in HRS operated or HRS vendored multi-bed facilities.	100
b. PMH students live in a variety of settings that include foster homes, group homes, and multi-bed facilities.	100
c. Most PMH students receive limited HRS services and programs.	100
d. Public school programs for PMH students take place in one or several centers.	100
e. The school district employs staffing specialists or program consultants who chair planning meetings and serve as school district representatives.	101
f. School district representatives are not administrators and are not qualified to commit district resources.	101
g. School district and HRS philosophies and purposes for service plans vary considerably.	101
h. Both agencies' philosophies lead to the inclusion of behaviorally stated, measurable goals and objectives on service plans.	101
6. Which of the following methods would most likely produce the least coordinated programs for PMH students?	
a. One joint meeting/one joint service plan	102-105
b. One joint meeting/two service plans	102-105
c. Two meetings with cross representation/ two service plans	102-105
d. Two meetings with shared information/ two service plans	102-105
7. Which of the following might be disadvantages of a joint service plan meeting?	

		REFERENCE PAGES
	a. Parents are intimidated by the large number of professionals present.	102
	b. School and HRS personnel have difficulty scheduling the meeting at a mutually convenient time.	102
	c. Parents are required to attend.	102
	d. School and HRS personnel have difficulty solving philosophical differences.	102
8.	Which of the following might be disadvantages of two meetings with shared information?	
	a. Separate service plans may not be coordinated or reflect the total services the student is receiving.	105
	b. Parents must attend two meetings.	105
	c. School districts and HRS have to provide release time to personnel to attend the meetings.	105
	d. Essential personnel do not attend.	105
	e. School and HRS personnel do not communicate changes in service plans.	105
9.	Which of the following coordination methods would require the least amount of planning? The most?	
	a. One joint meeting/one service plan	106-107
	b. One joint meeting/two service plans	107
	c. Two meetings with cross representation/two service plans	107-108
	d. Two meetings with shared information/two service plans	108
10.	In which instances does Florida law require a written cooperative agreement between a school district and an HRS district?	112
11.	No statutes or agency regulations specify ways	☞

REFERENCE PAGES

that public school and HRS personnel are to collect data. Considering the lack of legal bases for data collection, which of the following situations is most likely to exist?

a. HRS and school systems collaborate on data collection procedures and use similar methods. 113

b. HRS facility staffs and school district personnel systematically collect and share data that are stated in measurable, objective terms. 113

c. Public school and HRS personnel use widely varying methods of data collection that are not coordinated. 113

ANSWERS TO PRETEST QUESTIONS

1. Those who are already clients of HRS Developmental Services
2. To help determine the educational programs a student qualifies for.
3. If they do not, the services the PMH student receives may be fragmented, redundant, or mutually negating.
4. a; b; c; d
5. a; d; e; h
6. d
7. a; b; d
8. a; b; e
9. least planning--d; most planning--a
10. When one or more state-operated HRS residential facilities with school-aged clients are located in the school district.
11. c

Objective 1: Recall the interactive role of school and HRS districts in the educational and hab planning process.

EXPLORATION 1: Do school and HRS personnel need to communicate concerning services for PMH students?

1. What role do you play in the planning of educational services for PMH students?
2. What role do you play in the planning of habilitation services for PMH students?
3. Do you think that there is a connection between education and the development of more independent living for PMH students?
4. How different are the needs of each PMH student? Do you believe that each student should have an individual plan that addresses the student's needs?
5. What impact may the absence of communication between public school and HRS personnel have on the lives of PMH students?

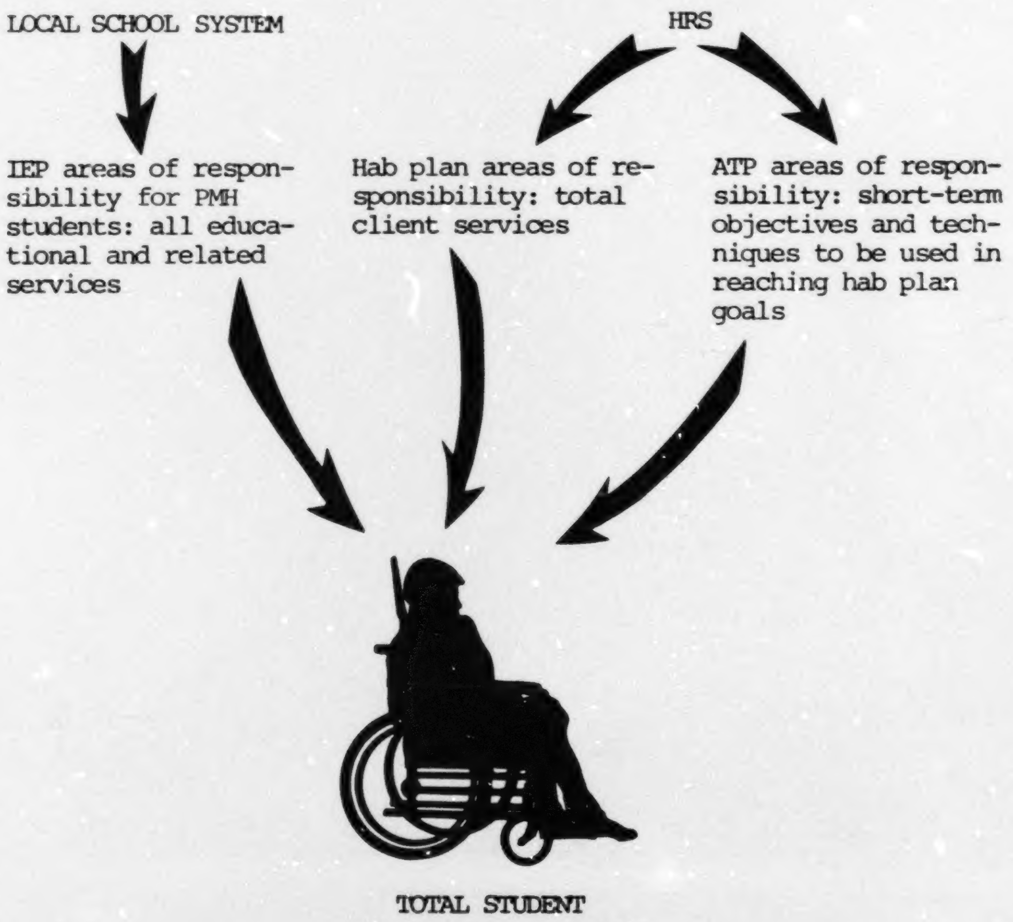
It should be obvious enough by now that local school districts and HRS districts have major responsibilities for PMH students and have a great impact on their lives. Most of the students who are HRS clients were HRS clients before thev reached school age. How does this fact influence the public school-HRS interactive role in planning?

1. A PMH student enrolling in public school may already have an individual hab plan and may well have received educational services through HRS.

2. The hab plan may already have been reviewed and revised through several cycles of hab planning that generated extensive information about the PMH student.

3. School districts can use the information from HRS along with their own data to determine the educational program for which a student qualifies.

4. With comprehensive background information and new evaluation data, school personnel can effectively plan the PMH student's educational programs and services.



LOCAL SCHOOL SYSTEM

HRS

IEP areas of responsibility for PMH students: all educational and related services

Hab plan areas of responsibility: total client services

ATP areas of responsibility: short-term objectives and techniques to be used in reaching hab plan goals

TOTAL STUDENT

Whether you are a teacher, a principal, an exceptional student education administrator or coordinator, social worker, or parent, you have an investment in the progress of PMH students and a role that involves you in the complex requirements for planning effective educational services for PMH students.

Objective 2: Recognize the names and features of alternative methods of cooperative planning.

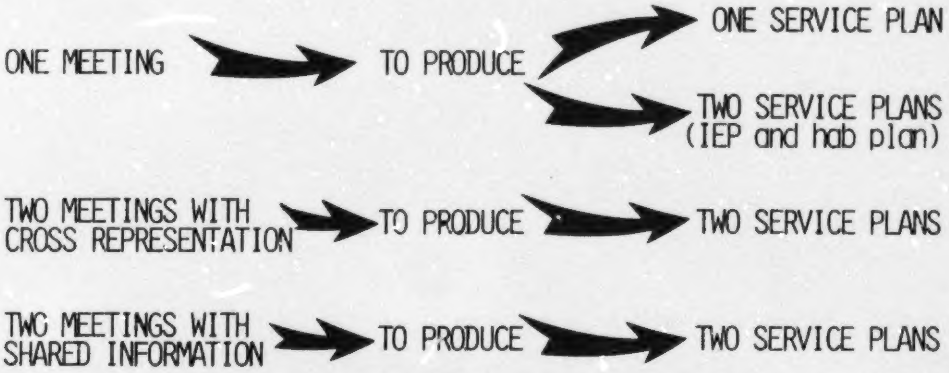
Do you recall the different schedules of reassessment for IEPs and hab plans? Do you also recall the different settings of reviews?

- IEPs are usually reviewed in school settings.
- Hab plans are usually reviewed in office settings, although they may also be reviewed in residential or public school settings.
- ICF/MR hab plans, along with ATPs, are reviewed at the ICF/MR.

Three different service plans and a variety of settings for reviews emerge. A school-aged PMH student who is also an HRS client will have at least two service plans. A school-aged PMH student living in an ICF/MR will have three service plans.

From this perspective alone, you might expect at least three separate meetings for reviewing service plans. But, because these plans are intended for one student, you might also expect one meeting to develop one plan. Is the choice of separate meetings beneficial for the student? Is one meeting beneficial for the student? Is it practical?

Let's simplify the problem and think of the ATP and hab plan reviews as one meeting (ICF/MR staffs typically review the two plans at the same time); then think of the public school IEP review as one meeting. Now look over some possible options.


ONE MEETING
TO PRODUCE
ONE SERVICE PLAN
TWO SERVICE PLANS (IEP and hab plan)
TWO MEETINGS WITH CROSS REPRESENTATION
TO PRODUCE
TWO SERVICE PLANS
TWO MEETINGS WITH SHARED INFORMATION
TO PRODUCE
TWO SERVICE PLANS

You could probably think of other options, too. But these alternatives are considered to be among the best choices for integrative planning of public school IEPs and HRS hab plans. (see chapter 4 of A Resource Manual for the Development and Evaluation of Special Programs for Exceptional Students, Vol. III-J: Interagency Service Plans for the Profoundly Mentally Handicapped.)

What are the principal features of each method? Make your own comparisons from the following descriptions.

ONE MEETING
TO PRODUCE

ONE SERVICE PLAN

School and HRS participants meet with parents, students, and other appropriate persons to create one service plan.

TWO SERVICE PLANS

School system and HRS participants meet with parents, students, and other appropriate persons. They develop one IEP to meet school district requirements and one hab plan to meet HRS requirements.

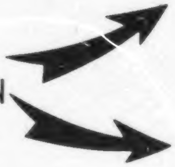
TWO MEETINGS WITH
CROSS REPRESENTATION
TO PRODUCE

THE IEP

The IEP meeting includes HRS representatives in addition to public school personnel, parents, the student, and others.

THE HAB PLAN

The hab plan meeting includes a public school representative in addition to HRS participants, parents, the student, and others.



TWO MEETINGS WITH
SHARED INFORMATION
TO PRODUCE

THE IEP

The IEP meeting includes public school personnel, parents, the student, and others. HRS personnel provide information to public school staffs to help them in planning the PMH student's IEP.

THE HAB PLAN

The hab plan meeting includes HRS participants, parents, the student, and others. School district personnel provide information to HRS personnel to help them in planning the hab plan and the ATP.

Which of these methods has the most appeal for your situation?

Objective 3: Recognize the conditions under which different methods would be appropriate.

Different conditions require different approaches to planning. The following chart presents various conditions and indicates appropriate methods of cooperation (indicated with a ✓) and methods that may not work as well for each condition (left blank). Before you look at the chart, make a list of four columns on a separate sheet of paper with the following headings:

1-1	1-2	2X-2	2I-2

The numbers that head the four columns represent the four methods of planning suggested in this module:

1-1 = One meeting/one plan

1-2 = One meeting/two plans

2X-2 = Two meetings with cross representation/two plans

2I-2 = Two meetings with shared information/two plans

In each column, keep a tally of the number of checks (✓) on the following chart that match the conditions in your district. For example, if a high percentage of your school district's PMH students are housed in HRS or vendor-operated multi-bed facilities, your paper would be marked like this:

1-1	1-2	2X-2	2I-2
✓	✓		

If this condition does not apply to your district, you would make no tally marks.

	CONDITIONS	METHODS			
		1-1	1-2	2X-2	2I-2
RESIDENCE OF STUDENTS AND AMOUNT OF HRS SERVICES	A high percentage of a school district's PMH students live in HRS operated or HRS vendored multi-bed facilities.	✓	✓		
	PMH students live in a variety of settings that include foster homes, group homes, and multi-bed facilities.			✓	
	A majority of the PMH students receive limited HRS services and programs.				✓
TYPES OF PROGRAMS	Public school programs for PMH students take place in one or several centers,	✓	✓		
	PMH programs take place in a variety of public school settings throughout the district.			✓	✓

	CONDITIONS	METHODS			
		1-1	1-2	2X-2	2I-2
ROLE OF SCHOOL DISTRICT REPRESENTATIVE	The school district employs staffing specialists or program consultants who chair planning meetings and serve as school district representatives.	✓	✓		✓
	School district representatives are not administrators and are not authorized to commit district resources.			✓	✓
AGENCY PHILOSOPHY/ REQUIREMENTS	Both agencies' philosophies lead to the inclusion of behaviorally stated, measurable goals and objectives on service plans.	✓		✓	
	School district and HRS requirements for service plan information differ slightly.	✓	✓	✓	
	School district and HRS philosophies and purposes for service plans vary considerably.				✓

Objective 4: Recognize the advantages and disadvantages of each method.

Once you have examined the different conditions that suggest different methods, you will want to examine some of the advantages and disadvantages of each method.

- First, you will find clues to help you make more effective use of the method or methods that seem appropriate for your district.
- Second, you may prefer the advantages of a method that does not yet fit the conditions in your district. You may want to explore some possible ways to change the conditions or ways to modify a method to make it fit the conditions in your district.

Carefully study the following advantages and disadvantages of each method for students and parents, the school district, and the HRS district. As you read, make notes about the advantages and disadvantages that are important to you and consider whether anything could be done to reduce the number of disadvantages you find.

ONE MEETING/ONE SERVICE PLAN

ADVANTAGES

For students and parents	For the school district	For the HRS district
• Documentation of complete program offering to meet the needs of the student	• An opportunity to develop a "total service plan" for each student	• An opportunity to develop a "total service plan" for each client
• Improved communication between school districts and HRS agencies regarding programs for a given student	• An IEP that addresses all the student's services in detail	• A hab plan that addresses all the client's services in detail
• Fewer meetings	• Fewer meetings (if school representatives attend hab plan meetings)	• Fewer meetings (if HRS representatives attend IEP meetings)
• An opportunity for parents to talk with all service providers at one time and to get an overview of the total service plan for their son or daughter	• Opportunities to improve communication with other service participants	• Opportunities to improve communication with other service participants

DISADVANTAGES

• Possible intimidation at the service plan meeting caused by the participation of a large number of professionals	• Difficulties in scheduling meetings with HRS at mutually convenient times.	• Difficulties in scheduling meetings with school personnel at mutually convenient times
	• Creation of a lengthy service plan containing information considered to be non-essential to the district	• Creation of a lengthy service plan containing non-essential information
	• Difficulties in resolving philosophical differences	• Difficulties in resolving philosophical differences

ONE MEETING/TWO SERVICE PLANS

ADVANTAGES

For students and parents	For the school district	For the HRS district
● reduced possibilities for conflicting programs ● Improved communication with agencies ● Fewer meetings ● An opportunity to talk with service providers together	● Service plans tailored to accommodate school district philosophy and requirements ● Fewer meetings (if school representatives also attend hab plan meetings) ● Opportunities for cooperative planning with HRS and HRS vendors	● Service plans tailored to HRS philosophy and requirements ● Fewer meetings (if HRS representatives also attend IEP meetings) ● Opportunities for cooperative planning with public school personnel

DISADVANTAGES

● Possible intimidation by the large number of professionals present ● Possible confusion regarding the provision of services represented on separate service plans	● Difficulties in scheduling meetings with HRS at mutually convenient times ● Possible lack of coordination following the meeting	● Difficulties in scheduling meetings with public school personnel at mutually convenient times ● Possible lack of coordination following the meeting

TWO MEETINGS WITH CROSS REPRESENTATION/TWO SERVICE PLANS

ADVANTAGES

For students and parents	For the school district	For the HRS district
● opportunities for cooperative planning with school and HRS personnel	● Service plans specific to the needs of the school district	● Service plans that meet the specific needs of the HRS district
● Less intimidation than in a larger, joint meeting	● Logistical arrangements that are easily handled	● Logistical arrangements that are easily handled
	● Latitude in the selection of the school district representative	

DISADVANTAGES

● Attendance requested at two meetings	● The need to provide release time for personnel to attend the HRS meeting and the added cost of providing release time	● The need to provide release time for personnel to attend the public school meeting and the added cost of providing release time
● Separate documents that may not reflect the total services to the student	● IEP and Hab plan meetings that may be scheduled too close together or too far apart	● Hab plan and IEP meetings that may be scheduled too close together or too far apart
● Potential lack of coordination and continuity of programs	● Failure of HRS representatives to attend IEP meetings	● Failure of public school representatives to attend the hab plan meeting
● Possible confusion regarding the provision of services represented on separate service plans	● Delayed receipt of current hab plan	● Delayed receipt of IEPs
	● Delayed or no communication regarding revisions to current hab plan	● Delayed or no communication regarding revisions to current IEPs

TWO MEETINGS WITH SHARED INFORMATION/TWO SERVICE PLANS

ADVANTAGES

For students and parents	For the school district	For the HRS district
● Opportunities to participate in the planning activities of each agency ● Less intimidation than in a larger, joint meeting	● Service plans specific to the needs of school district ● Logistical arrangements that are easily handled ● Latitude in the selection of the school district representative	● Service plans that meet the specific needs of HRS ● Logistical arrangements that are easily handled

DISADVANTAGES

● Attendance required at two meetings ● Separate documents that may not reflect the total services of the student ● Possible confusion regarding the provision of services represented on separate service plans ● Potential lack of coordination and continuity of programs	● IEP and hab plan meetings that may be scheduled too close together or too far apart ● Delayed receipt of current hab plan ● Delayed or no communication regarding revisions to current hab plans	● Hab plan and IEP meetings that may be scheduled too close together or too far apart ● Delayed receipt of current IEPs ● Delayed or no communication regarding revisions to current IEPs

Objective 5: Recognize the requirements for implementation of the different methods.

Did you decide which advantages and disadvantages are most important to you? Do you have a better idea now of the method you would like to see applied in your setting? If you have decided on an appropriate method, you will still face some implementation problems. If you have not yet decided on an appropriate method, considering some of the implementation problems you face may help you make your final decision.

On a separate sheet of paper, repeat the same column headings you used earlier.

1-1	1-2	2X-2	2I-2

This time, keep track of the number of implementation problems you believe could be handled in your district to permit effective implementation of each method. Use the following charts, which summarize the major implementation requirements for each method, as a guide.

ONE MEETING/ONE SERVICE PLAN

PREMEETING ACTIVITIES	• Concentrated planning required. • School system and HRS must analyze legal and auditing requirements and develop procedures to ensure compliance. • Both agencies must consider: (1) qualifications required for chairperson (2) who will participate (3) time-frames to be used for developing, implementing, and monitoring the service plan
MEETING ACTIVITIES	• Substantial coordination required. • Participants' comments and observations must be analyzed and synthesized into one document to meet the needs of two groups of professionals. • Good management and direction of the meeting are critical for success.

ONE MEETING/ONE SERVICE PLAN

POSTMEETING ACTIVITIES

- Each agency implements the joint plan according to its own regulatory guidelines.
- Each agency must consider the other agency's unique requirements to ensure that one agency's activities will not impinge upon those of the other.

ONE MEETING/TWO SERVICE PLANS

PREMEETING ACTIVITIES

- Concentrated planning required.
- School district and HRS personnel must communicate regularly and select chairpersons for the meeting.
- The chairpersons must plan the meeting and devise ways that information will be shared.

MEETING ACTIVITIES

- Participants--

--discuss the student's needs and services;

--develop a total service plan that designates service responsibilities of each agency; and

--develop an IEP and a hab plan.

POSTMEETING ACTIVITIES

- Each agency follows its own implementation procedures.
- School and HRS personnel communicate frequently on program delivery.

TWO MEETINGS WITH CROSS REPRESENTATION/TWO SERVICE PLANS

PREMEETING ACTIVITIES

- Each agency selects representatives to attend the meeting of the other agency.
- The representatives arrange a mutually agreeable time and and location for each service plan meeting.

MEETING ACTIVITIES

- School district and HRS representatives attend their own and the other agency's meeting.

TWO MEETINGS WITH CROSS REPRESENTATION/TWO SERVICE PLANS

MEETING ACTIVITIES, CONT.	● Representatives share assessment information, along with reports on the student's background and progress. ● Each representative informs the other agency of the programs and services the student is receiving.
POSTMEETING ACTIVITIES	● School district and HRS personnel frequently communicate regarding the student's progress.

TWO MEETINGS WITH SHARED INFORMATION/TWO SERVICE PLANS

PREMEETING ACTIVITIES	● The school district and HRS exchange service plans currently in effect. ● Each agency reviews both service plans. ● Each agency schedules its own service plan meeting.
MEETING ACTIVITIES	● Each agency conducts its own service plan meeting. ● Meeting participants review both service plans and complete the service plan of their agency.
POSTMEETING ACTIVITIES	● School district and HRS personnel frequently communicate regarding the student's progress.

Another issue related to implementation is the participants who are required or invited to attend the service plan reviews. For one meeting, the school and HRS district must invite:

- the student's parent(s)
- the student, if appropriate
- the student's teachers, therapists, and other direct care service providers
- a school district representative
- a school district staff member knowledgeable of evaluation procedures (for initial service plan meeting)
- the hab plan committee chairperson
- the social worker assigned to the student's case
- others at the discretion of both agencies or the parents
- all service providers (for ICF/MR clients)

For two meetings with cross-representation, participants at the meetings should include:

IEP review

- a school district representative
- an HRS representative
- the student's parents
- the student, if appropriate
- the student's teacher(s)
- a staff person knowledgeable of evaluation procedures (for initial IEP meeting)
- Others at the discretion of the parents and the school district

Hab plan review

- the hab plan committee chairperson
- the HRS social worker assigned to the student's case
- a school district representative
- direct service providers
- a nurse representing the medical professionals and all other service providers (for ICF/MR residents)

When two meetings are held and written information shared between the two agencies, the participants at the IEP review would not include an HRS representative, nor would the hab plan review include a representative of the school district.

Did you decide that your district could handle most of the types of implementation problems for the models you selected? If not, you may want to consider one of the other methods.

Objective 6: Recognize practical methods of planning and scheduling that can be used to carry out the methods of cooperative planning.

Concentrated planning is essential for implementing the one meeting/one service plan method and the one meeting/two service plans method of cooperation. Before meetings are held, decision-makers from both agencies should hold a planning conference at which they designate times for the entire series of meetings and make a formal commitment to follow the schedule they have set. Meetings involving public school administrators and staff may need to be scheduled before or after school hours. In addition, the group will also want to:

- Determine who will chair the service plan meetings (Co-chairpersons may be appropriate).

- Determine information required and the individuals responsible for contributing this information. Similarities, differences, and nuances of required information should be discussed so that the service plan meetings focus on information that is beneficial and purposeful for each agency.

- Inform meeting participants of information requirements, the form(s) to be used, and their reporting assignments.

- Decide on the form or forms to be used and the information to be recorded. Develop or collect these forms and have them ready for each meeting.

- Complete as much of the identifying information on the form(s) (the student's name, address, program, social security number, Medicaid number, and so forth) as possible.

- Determine procedures for the release of staff to attend the service plan meetings. School districts may be able to use P.L. 94-142 or P.L. 89-313 funds to hire substitutes for teachers who attend meetings scheduled during school hours.

Before joint meetings begin, combined inservice sessions for agency staffs can help both groups become aware of current philosophical trends within their own and the other agency. Such gatherings also allow individuals to discuss differences in philosophies and decide how to handle differences in approaches and points of view. Designated participants in the service plan meetings will also benefit from joint inservice training that helps them develop skills in writing goals and objectives that meet the requirements of both agencies.

Developing a single plan also requires substantial coordination during the service plan meeting, since participants' comments and observations must be analyzed and synthesized into one document designed to meet the needs of two groups of professionals. An effective plan can be produced only if meeting activities are well managed and directed. Each meeting should start promptly and end on time and the chairpersons should be capable of facilitating discussions, reaching conclusions, and making recommendations regarding programming. To help the parent feel more comfortable and willing to participate, the chairpersons should:

1. Pair the parent with someone who will explain what is happening, if this becomes necessary. This person should be prepared to act as the parent's advocate when needed.

2. Use name or desk tags and have participants introduce themselves.

3. Avoid the use of jargon and explain terms that the parent may not know.

4. Talk to the parent and ask participants to do the same.

5. Ask the parent for his or her opinion when appropriate.

One or more persons should be designated to record information discussed by participants. To ensure group consensus on what is being recorded, the chairpersons should ask that this information be read to the group at frequent intervals.

To help ensure postmeeting coordination, co-chairpersons of the service plan meeting and agency administrators will want to:

1. Establish a communication system among public school teachers, agency administrators, and appropriate HRS direct care staff.

2. Monitor the communication system between the agencies so that problems or needs for changes can be quickly detected.

3. Determine how periodic documentation of the student's progress will be accomplished. Procedures should address the purpose, frequency, format, and exchange of this documentation.

4. Determine which program modifications can be made by teachers and HRS training level staff; decide which changes need administrative approval and which ones need team meetings.

5. Schedule periodic, face-to-face meetings among teachers and HRS direct care staff to discuss students' progress, communication problems, and program concerns.

These suggestions should help you decide on an appropriate method of cooperation for your local situation. You may also want to examine the checklists on pages 83-94 of your resource manual. These checklists give you discrete steps to accomplish for each method. Pages 66-82 of the resource manual also describe the 4 methods of cooperation in a slightly different way. The approach taken in the manual may help you understand each method and select one that is appropriate for your situation.

You may also foresee some obstacles that have not been covered in this module. If so, you may want to make a list of these obstacles and bring them up for discussion with others in your school district so that you may either solve the problems or modify the method you have chosen.

Objective 7: Recognize the contribution of cooperative agreements and data collection to cooperative planning.

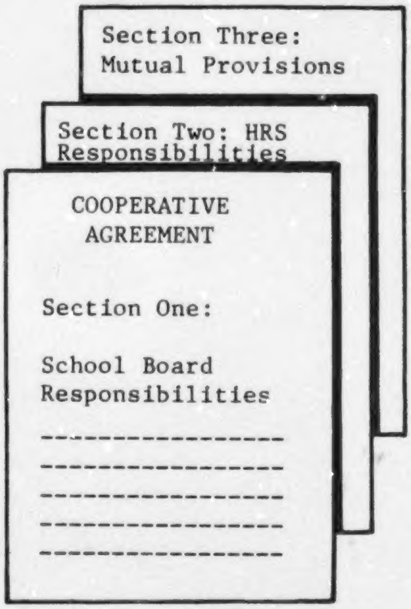
How can you ensure and enhance agency cooperation for service planning? Some school districts and HRS districts have established one or both of the following:

- formal and informal cooperative agreements
- formal and informal systems for sharing data on student progress, information on educational and training programs, and methodologies

Cooperative Agreements

Chapter 79-184, F.S. requires cooperative agreements between HRS and school districts in which HRS residential facilities are located. These agreements may be written in any format and district school boards and HRS districts are free to negotiate duties, responsibilities, and procedures. Typically, a cooperative agreement will contain three sections:

- Section one describes what the school board will provide and be responsible for;
- Section two details what HRS will provide and be responsible for;
- Section three lists mutual provisions.


Section Three: Mutual Provisions
Section Two: HRS Responsibilities
COOPERATIVE AGREEMENT
Section One:
School Board Responsibilities

Florida school districts serving residents of state-operated residential facilities have such agreements with the appropriate HRS districts. These agreements have been negotiated primarily by school district Exceptional Student Education administrators, public school principals, and facility staff. They generally define each agency's role and responsibilities in providing services but vary in detail.

What kinds of statements might be included in such cooperative agreements? See pages 96-98 in your resource manual for examples.

Less formal agreements may also help the two agencies implement cooperative procedures. They may address the same topics as formal agreements and include details for attendance of personnel at staffings and other meetings, locations and times of meetings, and procedures for handling field trips, tardiness, and absence.

Informal agreements through simple conversations are also a convenient and effective way to establish cooperative agreements. Individuals can work out procedures for coordinating goals and objectives, methodologies, behavior management, and other elements of a student's education, training, and care. For examples of verbal agreements, refer to pages 99-100 of your resource manual.

DATA COLLECTION AND SHARING

Teachers, therapists, and other professionals who work with PMH students frequently use checklists or other forms to collect data on student progress. What are the legal requirements and for data collection? The following diagram shows these legal requirements and their impact on data collection systems.

AGENCY REQUIREMENTS FOR STUDENT/CLIENT DATA COLLECTION

PUBLIC SCHOOL SYSTEM	HRS DEVELOPMENTAL SERVICES	HRS-ICF/MRS
No statutes or DOE regulations address classroom data collection. Responsibilities for developing data collection systems typically rest with individual principals and teachers.	No statutes or HRS regulations require training specialists to collect data in a specific way. Facility requirements vary. Annual monitoring is conducted.	Rule 10D-38.16(6), FAC requires "documented evidence of consistently applied training activities." Each ICF/MR develops its own system of data collection and the consistency of reporting is monitored by teams from the HRS Office of Licensure and Certification.
RESULT: Widely varying methods of data collection.	RESULT: Widely varying methods of data collection.	RESULT: Systematic collection and reporting of data stated in measurable, objective terms.

Often programming procedures will also vary and affect the types of data collected. Do you remember the examples of conflicting physical and occupational therapies from Module 1? Let's look at those again, along with several more. For each situation, ask yourself "What might the data on student progress show?"

- A public school teacher is teaching a student to feed himself. HRS facility staff are feeding the student.

- An HRS occupational therapist uses a special technique to decrease a student's tongue thrusting. The student's teacher uses tongue thrust as a motor imitation task.

- An HRS occupational therapist uses cut-out cups to decrease the suck-swallow response in a student. The public school occupational therapist uses a straw bottle to encourage sucking and swallowing.

These are just a few examples of conflicts that can interfere with effective data collection and planning for PMH students. Others can also occur. For example, what happens to a student's progress and the data showing this progress when:

- The hab plan and the IEP list radically different goals for a particular skill area, such as self-care?

- HRS and school district staffs do not develop mutually reinforcing short-term objectives to meet annual goals?

- Staffs use conflicting methods to reach short-term objectives and annual goals?

- Individuals working with the same student never meet to discuss goals, objectives, methodologies, program rationales, and data collection?

How can your school district respond to these problems? One way is to expand communication. Some school and HRS districts use these methods:

- School and HRS staff members hold periodic conferences on students at the school or at another mutually acceptable location.

- Teachers provide ICF/MR staff with narrative progress reports on students who live in the ICF/MR.

- School and HRS personnel periodically exchange information and data, either verbally or in writing.

- Public school therapists visit their HRS counterparts, and vice versa. They use these visits to discuss students that both serve and to demonstrate methods, activities, positioning, and other elements of training.

- Public school teachers and therapists participate in joint inservice training with HRS personnel. Training sessions allow individuals to discuss methodologies, data collection, and data sharing.

You have many options for building more effective planning systems for the education and development of PMH students. You may also think of other options not presented in this module or in your companion resource manual. But you do have choices. You do have a lot of freedom within the constraints of the legal requirements faced by school districts and HRS. So, good luck in your planning for PMH students.

SELF-CHECK EXERCISE

Write your answers to these questions on a separate sheet. Check your answers with those that come after the questions.

1. The role of public school personnel in the development and implementation of IEPs and hab plans is complex. Which of the following would be most likely to encourage student progress?

   a. Teachers and therapists consider only the student's academic skill levels in planning the educational services for the student.

   b. Public school staff obtain information about a student's needs, care, and services from HRS and use this information to help them plan the educational services for a PMH student.

   c. School personnel who work with a PMH student participate in meetings to change goals and objectives on a student's IEP.

   d. Public school teachers and therapists keep data records on student progress for use in writing annual goals and short-term objectives.

2. For each of the following statements, write 1-1, 1-2, 2X-2, or 2I-2 on your paper to indicate which coordination method applies.

   a. The school district and HRS exchange service planning currently in effect. Each agency conducts its own service plan review.

b. Both agencies participate in concentrated premeeting coordination. At the service plan meeting, participants develop one document that meets the needs of both agencies. Each agency implements the plan according to its own requirements.

c. Premeeting activities include the selection of co-chairpersons. At the meeting, a total service plan is first developed, then a public school IEP and an HRS hab plan.

d. Each agency selects representatives to attend the meeting of the other agency. Both school district and HRS staff members attend their own and the other's meeting. After the meeting, school district and HRS personnel frequently commuincate regarding the student's progress.

3. For each condition listed below, write 1-1, 1-2, 2X-2, or 2I-2 to indicate which model(s) might best be used under that condition.

a. A high percentage of a school district's PMH students live in HRS-operated or HRS-vendored multi-bed facilities.

b. PMH students live in a variety of settings that include foster homes, group homes, and multi-bed facilities.

c. A majority of PMH students receive limited HRS services and programs.

d. Public school programs for PMH students are held in one or several centers.

e. Educational programs for PMH students take place in a variety of public school settings throughout the district.

f. The school district employs staffing specialists or program consultants who chair IEP meetings and serve as school district representatives.

g. School district representatives are not administrators and are not authorized to commit district resources.

h. Both agencies' philosophies lead to the inclusion of behaviorally stated, measurable goals and objectives on service plans.

i. School district and HRS requirements for service plan information differ slightly.

j. School district and HRS philosophies and purposes for service plans vary considerably.

4. For each advantage listed below, write 1-1, 1-2, 2X-2; or 2I-2 to indicate the method(s) most likely to produce that advantage.

   a. An opportunity to develop a "total" service plan for the student.

   b. Face-to-face contact between school and HRS personnel.

   c. Fewer meetings for the student's parents.

   d. Easily handled logistical arrangements.

   e. HRS hab plans and public school IEPs meet the specific needs of each agency.

   f. The development of a non-contradictory program for the student.

   g. Opportunities for school district and HRS staff to cooperatively plan a PMH student's program.

5. Write 1-1, 1-2, 2X-2, or 2I-2 to indicate which method(s) of cooperation would be most likely to produce the following disadvantages.

   a. Parents may be intimidated by the large number of professionals who attend the meeting.

   b. The school district and HRS may find it difficult to schedule meetings at mutually agreeable times.

   c. Each agency may not receive the other's service plan in time for its review.

   d. The school district must provide release time for teachers or other school personnel to attend the meeting.

   e. No face-to-face communication between school district and HRS personnel takes place.

   f. IEP and hab plan goals may not be complementary or may conflict.

   g. School system or HRS representatives may not be able to attend meetings.

   h. Philosophical differences may cause conflicts.

6. Which of the following represent practical methods for planning coordinated services?

☞

   a. Distribute copies of the service plan(s) to representatives of all agencies serving the student.

b. Notify appropriate persons in both agencies when the service plans need modification.

c. Once the service plans for a student have been developed, communicate needs for changes only to the parents.

d. Review annual goals and other information provided on the student's IEP and hab plan.

7. Cooperative agreements between school district and HRS personnel may be in the form of:

   a. cooperative agreements

   b. letters of agreement

   c. verbal agreements

   d. formalized, written agreements

8. Which of the following issues are usually addressed in cooperative agreements?

   a. responsibilities of the school board

   b. responsibilities of HRS

   c. attendance of personnel at meetings

   d. teaching and training methods and activities

9. How does the sharing of data on PMH students' progress help in planning services for the student?

   a. It doesn't help because school district and HRS requirements are so different.

   b. It can reveal discrepancies in teaching procedures that may affect the student's progress.

   c. It can help school district and HRS staff recognize a need to expand communication on PMH students.

Answers to Module 4 self-check:

1. b
2. a. 2I-2
   b. 1-1
   c. 1-2
   d. 2X-2
3. a. 1-1; 1-2
   b. 2X-2
   c. 2I-2
   d. 1-1; 1-2; 2I-2
   e. 2X-2; 2I-2
   f. 1-1; 1-2; 2I-2
   g. 2X-2; 2I-2
   h. 1-1; 2I-2
   i. 1-1; 2X-2
   j. 2I-2

4. a. 1-1
   b. 1-1; 1-2; 2X-2
   c. 1-1; 1-2
   d. 2I-2
   e. 1-2; 2X-2; 2I-2
   f. 1-1; 1-2
   g. 1-1; 1-2; 2X-2
5. a. 1-1; 1-2
   b. 1-1; 1-2; 2X-2
   c. 2I-2
   d. 1-1; 1-2; 2X-2
   e. 2I-2
   f. 2I-2
   g. 1-1; 1-2; 2X-2
   h. 1-1; 1-2; 2X-2
6. a; b; d
7. a; b; c; d
8. a; b; c
9. b; c

Finally, the most important question you might have answered in the self-check for Module 4 is: "How will the thorough implementation of an appropriate method of cooperative planning affect PMH students? You already know the answer--

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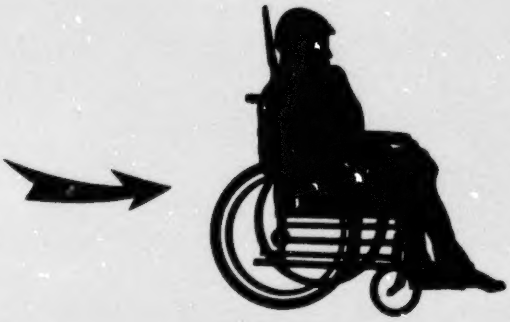

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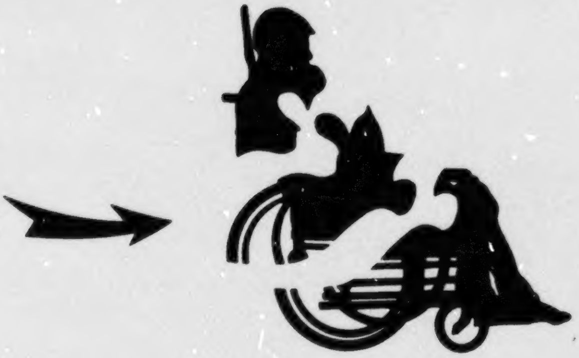

YOU MAY NOW TAKE THE REAL-LIFE TEST FOR MODULE 4 BY WORKING ON BUILDING A MORE EFFECTIVE MODEL FOR COOPERATIVE PLANNING IN YOUR OWN SCHOOL DISTRICT.

(continued from inside front cover)

Topical Manuals

___ Volume III-A: Individual Educational Programs, 1980.

___ Volume III-B: Evaluating the Non-English Speaking Handicapped, 1982.

___ Volume III-C: Mediation and Due Process Procedures, 1982.

___ Volume III-D: Maintaining Education Records of Pupils and Adult Students, 1982.

___ Volume III-E: Alternative Communication Systems for Non-Vocal Students, 1982.

___ Volume III-F: Electronic Communication Devices for Visually Impaired Students, 1982.
___ Part 2: Computer Accessibility for the Visually Impaired, 1983.

___ Volume III-G: Alternative Delivery Systems for Homebound/Hospitalized Students, 1982.

___ Volume III-H: Supplement User's Guide AAMD ABS-PSV, 1981.

___ Volume III-I: Computer Assisted Instruction and Support for the Handicapped: Interim Report, 1982.

___ Volume III-J: Interagency Service Plans for the Profoundly Mentally Handicapped, 1983.
___ Part 2: Partners in Planning: A Planning Guide, 1983.
___ Part 3: Partners in Planning: A Participant's Manual, 1983.

Training Manuals

___ Volume IV-A: Training Manual for School Bus Drivers Transporting the Handicapped, 1982.

___ Volume IV-B: A Training Manual for Teachers of the Homebound/Hospitalized Student, 1980.

___ Volume IV-C: A Training Manual for the Development of a Home/School Information System, 1983.

___ Volume IV-D: Educating Parents of the Severely Emotionally Disturbed, 1983.
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___ Volume IV-E: Management of Eligibility and Placement Processes, 1983.

___ Volume IV-F: Parent Involvement Program for Emotionally Handicapped Students, 1983.

___ Volume IV-G: Positive Discipline for Exceptional Students, 1983.

Curriculum Planning Resources

___ Volume V-A: Curriculum Planning Resource Manual for Developmental Skills and Communication Skills; Hearing Impaired: Deaf and Hard of Hearing, 1977.

___ Volume V-B: MODELL: Music or Drama to Enhance Language Learning, 1982.

___ Volume V-C: Affective Curriculum for Secondary Emotionally Handicapped Students, 1983.

Volume V-D: Techniques of Precision Teaching,
___ Part 1: Training Manual, 1983.
___ Part 2: Math Basic Skills Curriculum, 1983.
___ Part 3: Reading Basic Skills Curriculum, 1983.

___ Volume V-E: Project IVEY: Increasing Visual Efficiency, 1983.

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